

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0054	I	FROM 10/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 9/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 2/19/2009 TIME 16:34

## PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MACNEAL HOSPITAL

14-0054

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

## ECR ENCRYPTION INFORMATION

DATE: 2/19/2009 TIME 16:34

xFyhki1Pgc55Jwy1EbGSX98tDD4EP0  
o7dPM0NNLqFYttfjET02Kx:oo8bLb3  
:IKv1uu7S:0QEGGK

## PI ENCRYPTION INFORMATION

DATE: 2/19/2009 TIME 16:34

07JU82:M.5C6RJtX6pxoxcubZVwts0  
mi:gB0gXQ9ewCuIDbnSDu51ck4dBMe  
Ibbv7Pj0S60CsQg9

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3		4	
1	HOSPITAL	0	801,238	-65,320	0	
2	SUBPROVIDER	0	-196,556	2	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	604,682	-65,318	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

AS FILED

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WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I I I I	PROVIDER NO: 14-0054	I I I I	PERIOD FROM 10/ 1/2007 TO 9/30/2008	I I I I	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	I I I I	DATE RECEIVED: / / INTERMEDIARY NO:
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ELECTRONICALLY FILED COST REPORT

DATE: 2/19/2009 TIME 16:38

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TITLE

DATE

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HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET S-2  
I I TO 9/30/2008 I

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 3249 SOUTH OAK PARK AVENUE  
1.01 CITY: BERWYN

P.O. BOX:

STATE: IL ZIP CODE: 60402- COUNTY: COOK

## HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX		
02.00 HOSPITAL	MACNEAL HOSPITAL	14-0054		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	MACNEAL PSYCH UNIT	14-S054		10/ 1/1984	N	T	O
06.00 HOSPITAL-BASED SNF	M.H. TRANSITIONAL CARE UNIT	14-5848		10/ 1/1995	N	P	N
09.00 HOSPITAL-BASED HHA	MACNEAL HOME HEALTH	14-7285		10/ 1/1984	N	O	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2007 TO: 9/30/2008

18 TYPE OF CONTROL

1 2  
6

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
20 SUBPROVIDER1  
4

## OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&amp;R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET S-2  
I I TO 9/30/2008 I

- 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
- 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.
- 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
- 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
- 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.
- 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
- 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)
- 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

N N

0

/ /

/ /

N / /

N

1 2 3 4

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100 1.0787 1.0787

0.00 1 1600

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

% Y/N

- 28.03 STAFFING
- 28.04 RECRUITMENT
- 28.05 RETENTION
- 28.06 TRAINING

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

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0.00%

0.00%

0.00%

- 29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?
- 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)

N

N

- 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
- 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
- 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).

- 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II

- 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

N

- 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

N

- 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

N

- 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

N

- 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

N

- 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).

N

## MISCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2

N

- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?

N

- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

N

- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

N

- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

N

- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

V XVIII XIX

1 2 3

Y Y Y

## PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)

- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET S-2
I	I TO 9/30/2008	I

WITH 42 CFR 412.320? (SEE INSTRUCTIONS)

37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N

## TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 44h108  
 40.01 NAME: TN FI/CONTRACTOR NAME RIVERBEND FI/CONTRACTOR # 00390  
 40.02 STREET: P.O. BOX:  
 40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS: 5,414,789

PAID LOSSES: 0

AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. Y

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.

56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

DATE	Y OR N	LIMIT	Y OR N	FEES
0	1	2	3	4
	N	0.00		0
		0.00		0
		0.00		0
		0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

IN LIEU OF FORM CMS-2552-96 (05/2008) CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET S-2  
I I TO 9/30/2008 I

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

Y N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

0

# MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (04/2005)

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0054	I FROM 10/ 1/2007	I 2/19/2009
I	I TO 9/30/2008	I WORKSHEET S-3
		I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	231	84,546			23,413		15,737
2	HMO					6,189		841
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	231	84,546			23,413		15,737
6	INTENSIVE CARE UNIT	17	6,222			2,337		
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL	248	90,768			25,750		15,737
13	RPCH VISITS							
14	SUBPROVIDER	24	8,784			5,031		
15	SKILLED NURSING FACILITY	40	14,640			8,303		
18	HOME HEALTH AGENCY							
21	HOSPICE							
25	TOTAL	312						
26	OBSERVATION BED DAYS							322
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED		O/P VISITS TOTAL ALL PATS	TRIPS TOTAL OBSERVATION BEDS ADMITTED		INTERNS & RES. FTES LESS I&R REPL NON-PHYS ANES	
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			59,759				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			59,759				
6	INTENSIVE CARE UNIT			5,130				
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
11	NURSERY			4,200				
12	TOTAL			69,089			59.60	
13	RPCH VISITS							
14	SUBPROVIDER			6,653			2.42	
15	SKILLED NURSING FACILITY			12,654				
18	HOME HEALTH AGENCY			38,847				
21	HOSPICE							
25	TOTAL						62.02	
26	OBSERVATION BED DAYS	7	315	1,615	45	1,570		
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	FULL TIME EQUIV EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					5,055	4,300	16,166
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
8	BURN INTENSIVE CARE UNIT							
9	SURGICAL INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL	59.60	1,481.63			5,055	4,300	16,166
13	RPCH VISITS							
14	SUBPROVIDER	2.42	30.69			566		804
15	SKILLED NURSING FACILITY		49.76					
18	HOME HEALTH AGENCY		45.33					
21	HOSPICE							
25	TOTAL	62.02	1,607.41					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

## HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET S-3  
 I I TO 9/30/2008 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	96,929,842		96,929,842	3,343,417.00	28.99	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)	2,506,936	5,990	2,512,926	106,252.00	23.65	
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	2,894,726		2,894,726	103,499.00	27.97	
8.01	EXCLUDED AREA SALARIES	7,158,874	43,872	7,202,746	235,539.00	30.58	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	4,914,090		4,914,090	95,204.00	51.62	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	301,370		301,370	2,536.00	118.84	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	4,691,940		4,691,940	38,440.00	122.06	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	15,851,507		15,851,507			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	462,639		462,639			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)	19,023		19,023			CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1,158,553	1,043	1,159,596	42,348.00	27.38	
22	ADMINISTRATIVE & GENERAL	15,485,943	337,841	15,823,784	583,258.00	27.13	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS	157,750		157,750	7,535.00	20.94	
24	OPERATION OF PLANT						
25	LAUNDRY & LINEN SERVICE	517,436		517,436	31,720.00	16.31	
26	HOUSEKEEPING	1,932,318		1,932,318	151,752.00	12.73	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	2,170,247		2,170,247	148,332.00	14.63	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,451,815		1,451,815	34,060.00	42.63	
31	CENTRAL SERVICE AND SUPPLY	246,295		246,295	25,516.00	9.65	
32	PHARMACY	1,989,899		1,989,899	55,596.00	35.79	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,148,280	-338,884	1,809,396	92,216.00	19.62	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	94,422,906	-5,990	94,416,916	3,237,165.00	29.17	
2	EXCLUDED AREA SALARIES	10,053,600	43,872	10,097,472	339,038.00	29.78	
3	SUBTOTAL SALARIES	84,369,306	-49,862	84,319,444	2,898,127.00	29.09	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	9,907,400		9,907,400	136,180.00	72.75	
5	SUBTOTAL WAGE-RELATED COSTS	15,851,507		15,851,507		18.80	
6	TOTAL	110,128,213	-49,862	110,078,351	3,034,307.00	36.28	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	27,258,536		27,258,536	1,172,333.00	23.25	



HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

## HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0054	I FROM 10/ 1/2007	I 2/19/2009
I HHA NO:	I TO 9/30/2008	I WORKSHEET S-4
I 14-7285	I	I
COUNTY:		

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,609	0	258
2 UNDUPLICATED CENSUS COUNT		2,466.00		2,348.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	2,867
2 UNDUPLICATED CENSUS COUNT	4,814.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.66		1.66
5 OTHER ADMINISTRATIVE PERSONEL	21.01	1.00	22.01
6 DIRECTING NURSING SERVICE	17.41		17.41
7 NURSING SUPERVISOR	.80		.80
8 PHYSICAL THERAPY SERVICE	8.53	.14	8.67
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	2.20		2.20
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	374.00		374.00
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.38		1.38
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1600		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	10,283	181	382	139
22 SKILLED NURSING VISIT CHARGES	1,700,871	26,784	61,313	23,210
23 PHYSICAL THERAPY VISITS	5,415	16	29	69
24 PHYSICAL THERAPY VISIT CHARGES	945,759	2,328	6,050	12,289
25 OCCUPATIONAL THERAPY VISITS	1,511	20	5	21
26 OCCUPATIONAL THERAPY VISIT CHARGES	264,583	2,916	765	3,277
27 SPEECH PATHOLOGY VISITS	8	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,192	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	299	0	3	8
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	73,738	0	603	2,123
31 HOME HEALTH AIDE VISITS	337	0	0	7
32 HOME HEALTH AIDE VISIT CHARGES	28,795	0	0	574
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	17,853	217	419	244
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	3,014,938	32,028	68,731	41,473
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET S-4
I HHA NO:	I TO 9/30/2008	I
I 14-7285	I	I

COUNTY:

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	10,985
22 SKILLED NURSING VISIT CHARGES	0	0	1,812,178
23 PHYSICAL THERAPY VISITS	0	0	5,529
24 PHYSICAL THERAPY VISIT CHARGES	0	0	966,426
25 OCCUPATIONAL THERAPY VISITS	0	0	1,557
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	271,541
27 SPEECH PATHOLOGY VISITS	0	0	8
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,192
29 MEDICAL SOCIAL SERVICE VISITS	0	0	310
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	76,464
31 HOME HEALTH AIDE VISITS	0	0	344
32 HOME HEALTH AIDE VISIT CHARGES	0	0	29,369
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	18,733
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	3,157,170
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (02/2006)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET	S-7
I		I	TO 9/30/2008	I		

GROUP(1)	M3PI REVENUE CODE	SERVICES RATE	PRIOR TO 10/1 DAYS	SERVICES RATE	ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		27				
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB		6				
6	RVA		1				
6 .01	RVX		10				
6 .02	RVL		192				
7	RHC		62				
8	RHB		228				
9	RHA		12				
9 .01	RHX						
9 .02	RHL						
10	RMC		6				
11	RMB		205				
12	RMA		169				
12 .01	RMX		734				
12 .02	RML		5,886				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		93				
16	SE2		404				
17	SE1		16				
18	SSC						
19	SSB						
20	SSA		225				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		27				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		8,303				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

## Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	1.0787
Wage Index Factor (after 10/01):	:	1.0787
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	URBAN
SNF MSA Code	:	1600
SNF CBSA Code	:	NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (02/2006)

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET S-7  
I I TO 9/30/2008 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
	1	2	4.05	4.06	5
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:

Transition Period : 100% Federal  
Wage Index Factor (before 10/01): 1.0787  
Wage Index Factor (after 10/01): 1.0787  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : URBAN  
SNF MSA Code : 1600  
SNF CBSA Code : NOT SPECIFIED

## HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET S-10  
 I I TO 9/30/2008 I  
 I I I

## DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER  
 LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE  
 JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)  
 DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET  
 WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD  
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT  
 SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN  
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE  
 ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE  
 CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON  
 CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE  
 DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS  
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO  
 BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,  
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY  
 LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL  
 POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%  
 OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%  
 OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF  
 THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME  
 PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH  
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY  
 MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?  
 IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT  
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING  
 COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM  
 GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE  
 TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE  
 CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE

17.01 GROSS MEDICAID REVENUES 26,278,939

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 26,278,939

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL  
 INDIGENT CARE PROGRAMS 26,485,237

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,  
 DIVIDED BY COLUMN 8, LINE 103) .244792

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  
 (LINE 23 \* LINE 24) 6,483,374

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 139,909,712

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET S-10  
 I I TO 9/30/2008 I  
 I I I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	34,248,778
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	40,732,152

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0054  
II PERIOD:  
I FROM 10/ 1/2007  
I TO 9/30/2008I PREPARED 2/19/2009  
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				8,297,708	8,297,708
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,527,839	9,527,839
5	0500 EMPLOYEE BENEFITS	1,158,553	15,531,778	16,690,331	-42,158	16,648,173
6	0600 ADMINISTRATIVE & GENERAL	15,485,943	63,909,397	79,395,340	-14,196,140	65,199,200
7	0700 MAINTENANCE & REPAIRS	157,750	3,750,374	3,908,124	-1,612,524	2,295,600
9	0900 LAUNDRY & LINEN SERVICE	517,436	294,333	811,769	-8	811,761
10	1000 HOUSEKEEPING	1,932,318	644,816	2,577,134	-56,594	2,520,540
11	1100 DIETARY	2,170,247	1,169,991	3,340,238	-15,075	3,325,163
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,451,815	424,567	1,876,382	-330	1,876,052
15	1500 CENTRAL SERVICES & SUPPLY	246,295	844,829	1,091,124	-435,258	655,866
16	1600 PHARMACY	1,989,899	5,162,287	7,152,186	-1,645,353	5,506,833
17	1700 MEDICAL RECORDS & LIBRARY	2,148,280	471,194	2,619,474	-375,319	2,244,155
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	2,506,936		2,506,936	5,990	2,512,926
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,012,607	2,012,607	-5	2,012,602
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	17,422,573	4,645,365	22,067,938	-1,062,676	21,005,262
26	2600 INTENSIVE CARE UNIT	4,153,500	804,833	4,958,333	-344,992	4,613,341
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	1,876,268	125,040	2,001,308	-10,916	1,990,392
33	3300 NURSERY	1,247,472	743,298	1,990,770	-89,147	1,901,623
34	3400 SKILLED NURSING FACILITY	2,894,726	385,337	3,280,063	-93,725	3,186,338
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,994,909	11,283,338	15,278,247	-1,725,180	13,553,067
37.01	3701 SAME DAY SURGERY	548,518	150,898	699,416	-63,128	636,288
38	3800 RECOVERY ROOM	701,090	111,723	812,813	-42,781	770,032
39	3900 DELIVERY ROOM & LABOR ROOM	1,921,000	1,613,105	3,534,105	-127,398	3,406,707
40	4000 ANESTHESIOLOGY	116,095	1,064,536	1,180,631	-495,819	684,812
41	4100 RADIOLOGY-DIAGNOSTIC	2,727,536	2,004,318	4,731,854	-410,240	4,321,614
41.01	4101 ULTRA SOUND	758,423	365,538	1,123,961	-44,395	1,079,566
41.02	4102 CAT SCAN	858,447	575,804	1,434,251	-128,208	1,306,043
43	4300 RADIOISOTOPE	361,472	539,851	901,323	-15,206	886,117
44	4400 LABORATORY	4,348,508	3,847,027	8,195,535	-5,948	8,189,587
49	4900 RESPIRATORY THERAPY	1,049,918	499,734	1,549,652	-169,502	1,380,150
50	5000 PHYSICAL THERAPY	1,744,502	609,095	2,353,597	-53,013	2,300,584
53	5300 ELECTROCARDIOLOGY	692,467	617,981	1,310,448	-24,415	1,286,033
53.01	5301 CARDIAC CATHETERIZATION LABORATORY	650,134	6,038,881	6,689,015	-177,568	6,511,447
53.02	5302 TCU REHAB	488,841	132,982	621,823		621,823
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,615,673	5,615,673
56	5600 DRUGS CHARGED TO PATIENTS				2,631,157	2,631,157
57	5700 RENAL DIALYSIS		509,229	509,229	-49	509,180
59	5951 MCCR	49,926	407	50,333		50,333
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,274,631	1,001,024	2,275,655	-505,651	1,770,004
61	6100 EMERGENCY	3,983,194	2,153,822	6,137,016	-490,431	5,646,585
61.01	6101 FAMILY PRACTICES	7,092,622	5,663,658	12,756,280	-1,321,118	11,435,162
61.02	6102 PSYCH DAY HOSPITAL	271,377	32,370	303,747	-754	302,993
61.03	6103 CARDIAC REHAB	653,615	109,529	763,144	-4,883	758,261
61.05	6105 CANCER CENTER					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	3,612,395	1,057,000	4,669,395	-141,842	4,527,553
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE					
95	9500 SUBTOTALS	95,259,631	140,901,896	236,161,527	150,618	236,312,145
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,528	82,508	139,036		139,036
96.01	9601 COMMUNITY HEALTH		1,430	1,430	58,114	59,544
96.02	9602 MARKETING	178,056	945,059	1,123,115	-3,852	1,119,263
96.03	9603 PHYSICIAN DEVELOPMENT					
96.04	9604 FOOD SERVICE - RML					
96.05	9605 HOME DELIVERED MEALS					
96.06	9606 MACNEAL SCHOOL	1,435,627	691,984	2,127,611	-204,880	1,922,731
96.07	9607 CATERED MEALS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 OTHER NONREIMBURSABLE					
98.02	9802 VACANT SPACE					
101	TOTAL	96,929,842	142,622,877	239,552,719	-0-	239,552,719

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET A  
I I TO 9/30/2008 I

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-62,238	8,235,470
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-210,531	9,317,308
5	0500	EMPLOYEE BENEFITS	-132,878	16,515,295
6	0600	ADMINISTRATIVE & GENERAL	-26,462,767	38,736,433
7	0700	MAINTENANCE & REPAIRS	-262,221	2,033,379
9	0900	LAUNDRY & LINEN SERVICE	-28,429	783,332
10	1000	HOUSEKEEPING		2,520,540
11	1100	DIETARY	-737,546	2,587,617
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION	-232,772	1,643,280
15	1500	CENTRAL SERVICES & SUPPLY		655,866
16	1600	PHARMACY	-45,440	5,461,393
17	1700	MEDICAL RECORDS & LIBRARY	-3,170	2,240,985
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	-1,904	2,511,022
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-981,599	1,031,003
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-40,479	20,964,783
26	2600	INTENSIVE CARE UNIT	-14,920	4,598,421
27	2700	CORONARY CARE UNIT		
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		
31	3100	SUBPROVIDER	-11,679	1,978,713
33	3300	NURSERY	-590,336	1,311,287
34	3400	SKILLED NURSING FACILITY	-15,031	3,171,307
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-529,918	13,023,149
37.01	3701	SAME DAY SURGERY	-227	636,061
38	3800	RECOVERY ROOM	-3,900	766,132
39	3900	DELIVERY ROOM & LABOR ROOM	-1,217,507	2,189,200
40	4000	ANESTHESIOLOGY	-391,179	293,633
41	4100	RADIOLOGY-DIAGNOSTIC	-2,813	4,318,801
41.01	3630	ULTRA SOUND		1,079,566
41.02	3230	CAT SCAN		1,306,043
43	4300	RADIOISOTOPE		886,117
44	4400	LABORATORY	-384,959	7,804,628
49	4900	RESPIRATORY THERAPY	-265	1,379,885
50	5000	PHYSICAL THERAPY		2,300,584
53	5300	ELECTROCARDIOLOGY	-223,954	1,062,079
53.01	3120	CARDIAC CATHETERIZATION LABORATORY	-44	6,511,403
53.02	3950	TCU REHAB		621,823
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,615,673
56	5600	DRUGS CHARGED TO PATIENTS		2,631,157
57	5700	RENAL DIALYSIS		509,180
59	3951	MCCR	-22,547	27,786
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-208	1,769,796
61	6100	EMERGENCY	-15,561	5,631,024
61.01	6101	FAMILY PRACTICES	-2,789,877	8,645,285
61.02	6102	PSYCH DAY HOSPITAL	-14,204	288,789
61.03	6103	CARDIAC REHAB	-232	758,029
61.05	6105	CANCER CENTER		
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
71	7100	HOME HEALTH AGENCY	-117,059	4,410,494
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
93	9300	HOSPICE		
95		SUBTOTALS	-35,548,394	200,763,751
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		139,036
96.01	9601	COMMUNITY HEALTH		59,544
96.02	9602	MARKETING		1,119,263
96.03	9603	PHYSICIAN DEVELOPMENT		
96.04	9604	FOOD SERVICE - RML		
96.05	9605	HOME DELIVERED MEALS		
96.06	9606	MACNEAL SCHOOL		1,922,731
96.07	9607	CATERED MEALS		
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	OTHER NONREIMBURSABLE		
98.02	9802	VACANT SPACE		
101		TOTAL	-35,548,394	204,004,325



## COST CENTERS USED IN COST REPORT

IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
41.02	CAT SCAN	3230	CAT SCAN
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
53.02	TCU REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	MCCR	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	FAMILY PRACTICES	6101	EMERGENCY
61.02	PSYCH DAY HOSPITAL	6102	EMERGENCY
61.03	CARDIAC REHAB	6103	EMERGENCY
61.05	CANCER CENTER	6105	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	COMMUNITY HEALTH	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	MARKETING	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	PHYSICIAN DEVELOPMENT	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	FOOD SERVICE - RML	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	HOME DELIVERED MEALS	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	MACNEAL SCHOOL	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	CATERED MEALS	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OTHER NONREIMBURSABLE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	VACANT SPACE	9802	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

## RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE	
	(1)	COST CENTER	LINE NO	SALARY OTHER
	1	2	3	4 5
1 REAL ESTATE TAXES	A	NEW CAP REL COSTS-BLDG & FIXT	3	2,680,568
2				
3 DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3	3,978,053
4				
5 LEASES & RENTALS	C	NEW CAP REL COSTS-MVBLE EQUIP	4	8,720,042
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27 CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56	2,631,157
28		ADMINISTRATIVE & GENERAL	6	1,274
29				
30				
31				
32				
33				
34				
35				
1 CHARGEABLE DRUGS	D			
2				
3				
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5				
6				
7				
8				
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10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21 CHARGEABLE MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	5,615,673
22		CENTRAL SERVICES & SUPPLY	15	2,155
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2007	2/19/2009
	TO 9/30/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 CHARGEABLE MEDICAL SUPPLIES	E					
2						
3						
4						
5						
6						
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21						
22						
23 INTERNS & RESIDENTS	F	I&R SERVICES-SALARY & FRINGES APPRVD	22		5,990	
24 CHICAGO MARKET CHARGEBACKS	G	ADMINISTRATIVE & GENERAL	6		337,841	55,063
25		EMPLOYEE BENEFITS	5		1,043	
26 COMMUNITY OUTREACH	H	COMMUNITY HEALTH	96.01		43,872	14,246
36 TOTAL RECLASSIFICATIONS					388,746	26,145,115

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2007	2/19/2009
	TO 9/30/2008	WORKSHEET A-6

----- DECREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9
1 REAL ESTATE TAXES	A	ADMINISTRATIVE & GENERAL	6	1,922,254	13
2		MAINTENANCE & REPAIRS	7	758,314	
3 DEPRECIATION	B	ADMINISTRATIVE & GENERAL	6	12,533,251	9
4		MAINTENANCE & REPAIRS	7	164,844	9
5 LEASES & RENTALS	C	ADMINISTRATIVE & GENERAL	6	131,393	10
6		MAINTENANCE & REPAIRS	7	689,282	10
7		HOUSEKEEPING	10	3,275	
8		DIETARY	11	5,507	
9		CENTRAL SERVICES & SUPPLY	15	437,404	
10		MEDICAL RECORDS & LIBRARY	17	4	
11		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	4	
12		ADULTS & PEDIATRICS	25	21,316	
13		OPERATING ROOM	37	120,579	
14		RADIOLOGY-DIAGNOSTIC	41	51,456	
15		ULTRA SOUND	41.01	25,726	
16		CAT SCAN	41.02	25,726	
17		RESPIRATORY THERAPY	49	93,687	
18		CLINIC	60	6,800	
19		EMERGENCY	61	327	
20		FAMILY PRACTICES	61.01	625,748	
21		PSYCH DAY HOSPITAL	61.02	754	
22		HOME HEALTH AGENCY	71	4	
23		COMMUNITY HEALTH	96.01	4	
24		MARKETING	96.02	2,264	
25		MACNEAL SCHOOL	96.06	204,874	
26		PHARMACY	16	750	
27 CHARGEABLE DRUGS	D	EMPLOYEE BENEFITS	5	23,721	
28		HOUSEKEEPING	10	4	
29		CENTRAL SERVICES & SUPPLY	15	9	
30		PHARMACY	16	1,630,652	
31		ADULTS & PEDIATRICS	25	39,246	
32		INTENSIVE CARE UNIT	26	4,565	
33		SUBPROVIDER	31	1,614	
34		NURSERY	33	20,988	
35		SKILLED NURSING FACILITY	34	7,111	
1 CHARGEABLE DRUGS	D	OPERATING ROOM	37	58,974	
2		SAME DAY SURGERY	37.01	953	
3		RECOVERY ROOM	38	826	
4		DELIVERY ROOM & LABOR ROOM	39	5,089	
5		ANESTHESIOLOGY	40	246,235	
6		RADIOLOGY-DIAGNOSTIC	41	2,071	
7		ULTRA SOUND	41.01	2,067	
8		CAT SCAN	41.02	1,931	
9		RADIOISOTOPE	43	3,264	
10		LABORATORY	44	21	
11		RESPIRATORY THERAPY	49	111	
12		PHYSICAL THERAPY	50	2,804	
13		ELECTROCARDIOLOGY	53	862	
14		CARDIAC CATHETERIZATION LABORATORY	53.01	8,867	
15		CLINIC	60	36,664	
16		EMERGENCY	61	21,804	
17		FAMILY PRACTICES	61.01	509,793	
18		CARDIAC REHAB	61.03	3	
19		HOME HEALTH AGENCY	71	1,151	
20		MARKETING	96.02	1,031	
21 CHARGEABLE MEDICAL SUPPLIES	E	EMPLOYEE BENEFITS	5	843	
22		ADMINISTRATIVE & GENERAL	6	3,420	
23		MAINTENANCE & REPAIRS	7	84	
24		LAUNDRY & LINEN SERVICE	9	8	
25		HOUSEKEEPING	10	53,315	
26		DIETARY	11	9,568	
27		NURSING ADMINISTRATION	14	330	
28		PHARMACY	16	13,951	
29		MEDICAL RECORDS & LIBRARY	17	5	
30		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1	
31		ADULTS & PEDIATRICS	25	1,002,114	
32		INTENSIVE CARE UNIT	26	340,427	
33		SUBPROVIDER	31	9,302	
34		NURSERY	33	68,159	
35		SKILLED NURSING FACILITY	34	86,614	

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	IN LIEU OF FORM CMS-2552-96 (09/1996)
140054	FROM 10/ 1/2007	PREPARED 2/19/2009
	TO 9/30/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 CHARGEABLE MEDICAL SUPPLIES	E	OPERATING ROOM	37		1,545,627	
2		SAME DAY SURGERY	37.01		62,175	
3		RECOVERY ROOM	38		41,955	
4		DELIVERY ROOM & LABOR ROOM	39		122,309	
5		ANESTHESIOLOGY	40		249,584	
6		RADIOLOGY-DIAGNOSTIC	41		356,713	
7		ULTRA SOUND	41.01		16,602	
8		CAT SCAN	41.02		100,551	
9		RADIOISOTOPE	43		11,942	
10		LABORATORY	44		5,927	
11		RESPIRATORY THERAPY	49		75,704	
12		PHYSICAL THERAPY	50		50,209	
13		ELECTROCARDIOLOGY	53		23,553	
14		CARDIAC CATHETERIZATION LABORATORY	53.01		168,701	
15		RENAL DIALYSIS	57		49	
16		CLINIC	60		462,187	
17		EMERGENCY	61		468,300	
18		FAMILY PRACTICES	61.01		121,469	
19		CARDIAC REHAB	61.03		4,880	
20		HOME HEALTH AGENCY	71		140,687	
21		MARKETING	96.02		557	
22		MACNEAL SCHOOL	96.06		6	
23 INTERNS & RESIDENTS	F	FAMILY PRACTICES	61.01	5,990		
24 CHICAGO MARKET CHARGEBACKS	G	EMPLOYEE BENEFITS	5		18,637	
25		MEDICAL RECORDS & LIBRARY	17	338,884	36,426	
26 COMMUNITY OUTREACH	H	FAMILY PRACTICES	61.01	43,872	14,246	
36 TOTAL RECLASSIFICATIONS				388,746	26,145,115	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

IN LIEU OF FORM CMS-2552-96 (09/1996)  
 PROVIDER NO: 140054 PERIOD: FROM 10/ 1/2007 TO 9/30/2008  
 PREPARED 2/19/2009 WORKSHEET A-6  
 NOT A CMS WORKSHEET

RECLASS CODE: A  
 EXPLANATION : REAL ESTATE TAXES

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,680,568
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			2,680,568

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	1,922,254
MAINTENANCE & REPAIRS	7	758,314
		2,680,568

RECLASS CODE: B  
 EXPLANATION : DEPRECIATION

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,978,053
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,720,042
TOTAL RECLASSIFICATIONS FOR CODE B			12,698,095

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	12,533,251
MAINTENANCE & REPAIRS	7	164,844
		12,698,095

RECLASS CODE: C  
 EXPLANATION : LEASES & RENTALS

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,639,087
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	807,797
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			2,446,884

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	131,393
MAINTENANCE & REPAIRS	7	689,282
HOUSEKEEPING	10	3,275
DIETARY	11	5,507
CENTRAL SERVICES & SUPPLY	15	437,404
MEDICAL RECORDS & LIBRARY	17	4
I&R SERVICES-OTHER PRGM COSTS	23	4
ADULTS & PEDIATRICS	25	21,316
OPERATING ROOM	37	120,579
RADIOLOGY-DIAGNOSTIC	41	51,456
ULTRA SOUND	41.01	25,726
CAT SCAN	41.02	25,726
RESPIRATORY THERAPY	49	93,687
CLINIC	60	6,800
EMERGENCY	61	327
FAMILY PRACTICES	61.01	625,748
PSYCH DAY HOSPITAL	61.02	754
HOME HEALTH AGENCY	71	4
COMMUNITY HEALTH	96.01	4
MARKETING	96.02	2,264
MACNEAL SCHOOL	96.06	204,874
PHARMACY	16	750
		2,446,884

RECLASS CODE: D  
 EXPLANATION : CHARGEABLE DRUGS

LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,631,157
2.00	ADMINISTRATIVE & GENERAL	6	1,274
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0

COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	23,721
HOUSEKEEPING	10	4
CENTRAL SERVICES & SUPPLY	15	9
PHARMACY	16	1,630,652
ADULTS & PEDIATRICS	25	39,246
INTENSIVE CARE UNIT	26	4,565
SUBPROVIDER	31	1,614
NURSERY	33	20,988
SKILLED NURSING FACILITY	34	7,111
OPERATING ROOM	37	58,974
SAME DAY SURGERY	37.01	953
RECOVERY ROOM	38	826
DELIVERY ROOM & LABOR ROOM	39	5,089
ANESTHESIOLOGY	40	246,235
RADIOLOGY-DIAGNOSTIC	41	2,071
ULTRA SOUND	41.01	2,067
CAT SCAN	41.02	1,931
RADIOISOTOPE	43	3,264
LABORATORY	44	21
RESPIRATORY THERAPY	49	111
PHYSICAL THERAPY	50	2,804
ELECTROCARDIOLOGY	53	862
CARDIAC CATHETERIZATION LABORATO	53.01	8,867
CLINIC	60	36,664
EMERGENCY	61	21,804

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140054	FROM 10/ 1/2007	2/19/2009
	TO 9/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION : CHARGEABLE DRUGS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
26.00			
27.00			
28.00			
29.00			
TOTAL RECLASSIFICATIONS FOR CODE D			

RECLASS CODE: E  
EXPLANATION : CHARGEABLE MEDICAL SUPPLIES

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,615,673
2.00	CENTRAL SERVICES & SUPPLY	15	2,155
3.00			
4.00			
5.00			
6.00			
7.00			
8.00			
9.00			
10.00			
11.00			
12.00			
13.00			
14.00			
15.00			
16.00			
17.00			
18.00			
19.00			
20.00			
21.00			
22.00			
23.00			
24.00			
25.00			
26.00			
27.00			
28.00			
29.00			
30.00			
31.00			
32.00			
33.00			
34.00			
35.00			
36.00			
37.00			
TOTAL RECLASSIFICATIONS FOR CODE E			

RECLASS CODE: F  
EXPLANATION : INTERNS & RESIDENTS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	5,990
TOTAL RECLASSIFICATIONS FOR CODE F			

RECLASS CODE: G  
EXPLANATION : CHICAGO MARKET CHARGEBACKS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	392,904
2.00	EMPLOYEE BENEFITS	5	1,043
TOTAL RECLASSIFICATIONS FOR CODE G			

RECLASS CODE: H  
EXPLANATION : COMMUNITY OUTREACH

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNITY HEALTH	96.01	58,118
TOTAL RECLASSIFICATIONS FOR CODE H			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS	1,373,316					1,373,316	
3	BUILDINGS & FIXTURE	75,253,870					75,253,870	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	25,634,812					25,634,812	
7	SUBTOTAL	102,261,998					102,261,998	
8	RECONCILING ITEMS							
9	TOTAL	102,261,998					102,261,998	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS	2,251,653					2,251,653	
3	BUILDINGS & FIXTURE	37,826,573	3,741,714		3,741,714		41,568,287	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	123,794,605	6,703,783		6,703,783		130,498,388	
7	SUBTOTAL	163,872,831	10,445,497		10,445,497		174,318,328	
8	RECONCILING ITEMS							
9	TOTAL	163,872,831	10,445,497		10,445,497		174,318,328	



Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
RECONCILIATION OF CAPITAL COSTS CENTERS

IN LIEU OF FORM CMS-2552-96(12/1999)  
I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET A-7  
I I TO 9/30/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL	76,627,186		76,627,186	.277052				
2	OLD CAP REL COSTS-MV	25,634,812		25,634,812	.092685				
3	NEW CAP REL COSTS-BL	43,819,940		43,819,940	.158435				
4	NEW CAP REL COSTS-MV	130,498,388		130,498,388	.471828				
5	TOTAL	276,580,326		276,580,326	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,971,453	1,639,087	640,134	72,353	2,912,443		8,235,470
4	NEW CAP REL COSTS-MV	8,458,183	807,797		51,328			9,317,308
5	TOTAL	11,429,636	2,446,884	640,134	123,681	2,912,443		17,552,778

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

- \* All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.  
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.  
Columns 9 through 14 should include related worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

## ADJUSTMENTS TO EXPENSES

IN LIEU OF FORM CMS-2552-96(05/1999)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET A-8  
 I I TO 9/30/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
1	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-235,677	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-11,979	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,713,927			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-9,602,840			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-704,899	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,155	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-32,643	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	-1,006,600	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-248,558	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 PATIENT PHONES	A	-367,142	ADMINISTRATIVE & GENERAL	6	
37.01 PATIENT PHONES	A	-20,592	EMPLOYEE BENEFITS	5	
37.02 PATIENT PHONES	A	-135	NEW CAP REL COSTS-MVBLE E	4	9
37.03 OTHER OPERATING REVENUE	B	-2,320	EMPLOYEE BENEFITS	5	
37.04 MANAGEMENT/OPERATING FEES	B	-118	ADMINISTRATIVE & GENERAL	6	
37.05 RENT INCOME	B	-5,655	ADMINISTRATIVE & GENERAL	6	
37.06 PARKING REVENUE	B	-22,707	ADMINISTRATIVE & GENERAL	6	
37.07 GIFT SHOP	B	19	ADMINISTRATIVE & GENERAL	6	
37.08 RENT INCOME	B	-248,793	MAINTENANCE & REPAIRS	7	
37.09 CONSULTATION	B	-8,250	ADMINISTRATIVE & GENERAL	6	
37.10 CONSULTATION	B	-4,010	ADULTS & PEDIATRICS	25	
37.11 OTHER OPERATING REVENUE	B	-259,728	ADMINISTRATIVE & GENERAL	6	
37.12 OTHER OPERATING REVENUE	B	-28,053	LAUNDRY & LINEN SERVICE	9	
37.13 OTHER OPERATING REVENUE	B	-13,085	NURSING ADMINISTRATION	14	
37.14 OTHER OPERATING REVENUE	B	-20,295	I&R SERVICES-OTHER PRGM C	23	
37.15 FIRST PHOTO BABY PICTURES	B	-3,260	NURSERY	33	
37.16 OTHER OPERATING REVENUE	B	-2,143	RADIOLOGY-DIAGNOSTIC	41	
37.17 OTHER OPERATING REVENUE	B	-22,547	MCCR	59	
37.18 OTHER OPERATING REVENUE	B	-1,000	EMERGENCY	61	
37.19 OTHER OPERATING REVENUE	B	-108,388	FAMILY PRACTICES	61.01	
37.20 RENT INCOME	B	-2,024	FAMILY PRACTICES	61.01	
37.21 OTHER OPERATING REVENUE	B	-232	CARDIAC REHAB	61.03	
37.22 OTHER OPERATING REVENUE	B	-544	HOME HEALTH AGENCY	71	
37.23 INTEREST INCOME	B	-31	ADMINISTRATIVE & GENERAL	6	
37.24 ADVERTISING	A	-35,253	ADMINISTRATIVE & GENERAL	6	
37.25 ADVERTISING	A	-145	NURSING ADMINISTRATION	14	
37.26 ADVERTISING	A	-1,441	I&R SERVICES-OTHER PRGM C	23	
37.27 ADVERTISING	A	-105	SUBPROVIDER	31	
37.28 ADVERTISING	A	-265	RADIOLOGY-DIAGNOSTIC	41	
37.29 ADVERTISING	A	-23,613	FAMILY PRACTICES	61.01	
37.30 OTHER OPERATING EXPENSES	A	-13,443	ADMINISTRATIVE & GENERAL	6	
37.31 OTHER OPERATING EXPENSES	A	-376	LAUNDRY & LINEN SERVICE	9	
37.32 OTHER OPERATING EXPENSES	A	-290	NURSING ADMINISTRATION	14	
37.33 OTHER OPERATING EXPENSES	A	-376	PHARMACY	16	
37.34 OTHER OPERATING EXPENSES	A	-10,849	ADULTS & PEDIATRICS	25	
37.35 OTHER OPERATING EXPENSES	A	-187	SUBPROVIDER	31	
37.36 OTHER OPERATING EXPENSES	A	-4,096	SKILLED NURSING FACILITY	34	
37.37 OTHER OPERATING EXPENSES	A	-525	OPERATING ROOM	37	
37.38 OTHER OPERATING EXPENSES	A	-227	SAME DAY SURGERY	37.01	
37.39 OTHER OPERATING EXPENSES	A	-250	DELIVERY ROOM & LABOR ROO	39	
37.40 OTHER OPERATING EXPENSES	A	-376	RADIOLOGY-DIAGNOSTIC	41	
37.41 OTHER OPERATING EXPENSES	A	-3,741	LABORATORY	44	
37.42 OTHER OPERATING EXPENSES	A	-208	CLINIC	60	
37.43 OTHER OPERATING EXPENSES	A	-2,189	EMERGENCY	61	
37.44 OTHER OPERATING EXPENSES	A	-25,877	FAMILY PRACTICES	61.01	
37.45 OTHER OPERATING EXPENSES	A	-200	PSYCH DAY HOSPITAL	61.02	
37.46 PHYSICIAN RECRUITMENT	A	-110,674	ADMINISTRATIVE & GENERAL	6	
37.47 PHYSICIAN RECRUITMENT	A	-18,848	EMPLOYEE BENEFITS	5	
37.48 NON-ALLOWABLE MEALS	A	-6,110	ADMINISTRATIVE & GENERAL	6	

## ADJUSTMENTS TO EXPENSES

IN LIEU OF FORM CMS-2552-96(05/1999)CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET A-8  
 I I TO 9/30/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
37.49 NON-ALLOWABLE MEALS	A	-113	NURSING ADMINISTRATION	14	
37.50 NON-ALLOWABLE MEALS	A	-233	LABORATORY	44	
37.51 NON-ALLOWABLE MEALS	A	-6,796	FAMILY PRACTICES	61.01	
37.52 NON-ALLOWABLE TRAVEL	A	-8,137	ADMINISTRATIVE & GENERAL	6	
37.53 NON-ALLOWABLE TRAVEL	A	-1,138	NURSING ADMINISTRATION	14	
37.54 NON-ALLOWABLE TRAVEL	A	-1,994	LABORATORY	44	
37.55 NON-ALLOWABLE TRAVEL	A	-24,355	FAMILY PRACTICES	61.01	
37.56 DUES & SUBSCRIPTIONS	A	-710	ADMINISTRATIVE & GENERAL	6	
37.57 DUES & SUBSCRIPTIONS	A	-322	PHARMACY	16	
37.58 DUES & SUBSCRIPTIONS	A	-199	DELIVERY ROOM & LABOR ROO	39	
37.59 DUES & SUBSCRIPTIONS	A	-6,279	FAMILY PRACTICES	61.01	
37.60 LOBBYING DUES	A	-66,749	ADMINISTRATIVE & GENERAL	6	
37.61 PURCHASED SERVICES	A	-1,200	EMPLOYEE BENEFITS	5	
37.62 PURCHASED SERVICES	A	-386,837	ADMINISTRATIVE & GENERAL	6	
37.63 PURCHASED SERVICES	A	-600	SUBPROVIDER	31	
37.64 PURCHASED SERVICES	A	-7,548	SKILLED NURSING FACILITY	34	
37.65 PURCHASED SERVICES	A	-3,900	RECOVERY ROOM	38	
37.66 PURCHASED SERVICES	A	3,724	FAMILY PRACTICES	61.01	
37.67 DONATIONS & CONTRIBUTIONS	A	-27,185	ADMINISTRATIVE & GENERAL	6	
37.68 DONATIONS & CONTRIBUTIONS	A	-2,250	FAMILY PRACTICES	61.01	
37.69 PATIENT TRANSPORTATION	A	-38	EMPLOYEE BENEFITS	5	
37.70 PATIENT TRANSPORTATION	A	-104	ADMINISTRATIVE & GENERAL	6	
37.71 PATIENT TRANSPORTATION	A	-42	NURSING ADMINISTRATION	14	
37.72 PATIENT TRANSPORTATION	A	-80	PHARMACY	16	
37.73 PATIENT TRANSPORTATION	A	-84	I&R SERVICES-OTHER PRGM C	23	
37.74 PATIENT TRANSPORTATION	A	-4,221	ADULTS & PEDIATRICS	25	
37.75 PATIENT TRANSPORTATION	A	-28	INTENSIVE CARE UNIT	26	
37.76 PATIENT TRANSPORTATION	A	-528	SUBPROVIDER	31	
37.77 PATIENT TRANSPORTATION	A	-21	SKILLED NURSING FACILITY	34	
37.78 PATIENT TRANSPORTATION	A	-213	DELIVERY ROOM & LABOR ROO	39	
37.79 PATIENT TRANSPORTATION	A	-4	RADIOLOGY-DIAGNOSTIC	41	
37.80 PATIENT TRANSPORTATION	A	-12,194	EMERGENCY	61	
37.81 PATIENT TRANSPORTATION	A	-32,682	FAMILY PRACTICES	61.01	
37.82 DEPREC. EXPENSE - GENESIS LAB	A	-1,187	NEW CAP REL COSTS-MVBLE E	4	9
37.83 BAD DEBT EXPENSES	A	-16,985,326	ADMINISTRATIVE & GENERAL	6	
37.84 BAD DEBT EXPENSES	A	-4	DIETARY	11	
37.85 BAD DEBT EXPENSES	A	-39,591	PHARMACY	16	
37.86 BAD DEBT EXPENSES	A	-6,590	DELIVERY ROOM & LABOR ROO	39	
37.87 BAD DEBT EXPENSES	A	643	ANESTHESIOLOGY	40	
37.88 BAD DEBT EXPENSES	A	-306,279	LABORATORY	44	
37.89 BAD DEBT EXPENSES	A	-153,287	FAMILY PRACTICES	61.01	
37.90 BAD DEBT EXPENSES	A	-97,359	HOME HEALTH AGENCY	71	
37.91 ALCOHOL & LIQUOR	A	-393	EMPLOYEE BENEFITS	5	
37.92 ALCOHOL & LIQUOR	A	-3,081	ADMINISTRATIVE & GENERAL	6	
37.93 ALCOHOL & LIQUOR	A	-22	NURSING ADMINISTRATION	14	
37.94 ALCOHOL & LIQUOR	A	-1,040	I&R SERVICES-OTHER PRGM C	23	
37.95 ALCOHOL & LIQUOR	A	-73	EMERGENCY	61	
37.96 ALCOHOL & LIQUOR	A	-86	FAMILY PRACTICES	61.01	
37.97 ALCOHOL & LIQUOR	A	-58	HOME HEALTH AGENCY	71	
37.98 EQUITY METHOD INVEST INCOME	A	-57,028	ADMINISTRATIVE & GENERAL	6	
37.99 NON-PATIENT BAD DEBT EXPENSE	A	4,487	ADMINISTRATIVE & GENERAL	6	
38 NON-PATIENT BAD DEBT EXPENSE	A	-13,128	MAINTENANCE & REPAIRS	7	
38.01 NON-PATIENT BAD DEBT EXPENSE	A	17,262	FAMILY PRACTICES	61.01	
38.02 BOARD RELATIONS	A	-549	ADMINISTRATIVE & GENERAL	6	
38.03 NON-REMB MEDICARE EXPENSE	A	-319	INTENSIVE CARE UNIT	26	
38.04 PENALTIES & FINES	A	-64,629	ADMINISTRATIVE & GENERAL	6	
38.05 PENALTIES & FINES	A	-300	MAINTENANCE & REPAIRS	7	
38.06 PENALTIES & FINES	A	-71	PHARMACY	16	
38.07 PENALTIES & FINES	A	-40	SUBPROVIDER	31	
38.08 PENALTIES & FINES	A	-50	OPERATING ROOM	37	
38.09 PENALTIES & FINES	A	-50	ANESTHESIOLOGY	40	
38.10 PENALTIES & FINES	A	-265	RESPIRATORY THERAPY	49	
38.11 PENALTIES & FINES	A	-1,122	FAMILY PRACTICES	61.01	
38.12 PHYSICIAN CONTINUING EDUCATION	A	-17,380	I&R SERVICES-OTHER PRGM C	23	
38.13 PHYSICIAN CONTINUING EDUCATION	A	-2,630	DELIVERY ROOM & LABOR ROO	39	
38.14 PHYSICIAN CONTINUING EDUCATION	A	-4,700	FAMILY PRACTICES	61.01	
38.15 PHYSICIAN INTERVIEW EXPENSE	A	-1,720	ADMINISTRATIVE & GENERAL	6	
38.16 PHYSICIAN DUES & SUBSCRIPTION	A	-2,725	I&R SERVICES-OTHER PRGM C	23	
38.17 PHYSICIAN DUES & SUBSCRIPTION	A	-6,512	FAMILY PRACTICES	61.01	
38.18 EMPLOYEE BENEFITS	A	-135,010	EMPLOYEE BENEFITS	5	
38.19 EMPLOYEE BENEFITS	A	-49	ADMINISTRATIVE & GENERAL	6	
38.20 EMPLOYEE BENEFITS	A	-15	MEDICAL RECORDS & LIBRARY	17	
38.21 EMPLOYEE BENEFITS	A	-304	ADULTS & PEDIATRICS	25	
38.22 EMPLOYEE BENEFITS	A	-44	NURSERY	33	
38.23 EMPLOYEE BENEFITS	A	-539	DELIVERY ROOM & LABOR ROO	39	
38.24 EMPLOYEE BENEFITS	A	-44	CARDIAC CATHETERIZATION LAB	53.01	
38.25 EMPLOYEE BENEFITS	A	-5	EMERGENCY	61	
38.26 FLOWERS (EST. FROM PY \$)	A	-3,000	ADMINISTRATIVE & GENERAL	6	
38.27 PROVIDER BASED PHYSICIANS EXPENSE	A	-1,904	I&R SERVICES-SALARY & FRI	22	
38.28 PROVIDER BASED PHYSICIANS EXPENSE	A	-272,821	FAMILY PRACTICES	61.01	
38.29 PROPERTY TAXES TO STATEMENTS	A	231,875	NEW CAP REL COSTS-BLDG &	3	13
38.30 MEDICAL STAFF RELATIONS	A	-58	EMPLOYEE BENEFITS	5	
38.31 MEDICAL STAFF RELATIONS	A	-66,993	ADMINISTRATIVE & GENERAL	6	
38.32 MEDICAL STAFF RELATIONS	A	-450	NURSING ADMINISTRATION	14	
38.33 MEDICAL STAFF RELATIONS	A	-25	RADIOLOGY-DIAGNOSTIC	41	

## ADJUSTMENTS TO EXPENSES

IN LIEU OF FORM CMS-2552-96(05/1999)CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET A-8  
 I I TO 9/30/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
38.34 MEDICAL STAFF RELATIONS	A	-100	EMERGENCY		61	
38.35 MEDICAL STAFF RELATIONS	A	329	FAMILY PRACTICES		61.01	
38.36						
38.37						
38.38						
38.39						
38.40						
39 OTHER ADJUSTMENTS (SPECIFY)						
40 OTHER ADJUSTMENTS (SPECIFY)						
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-35,548,394				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL AUTO INSURANCE		44,373	-44,373	
2	6	ADMINISTRATIVE & GENERAL PROPERTY INSURANCE		108,939	-108,939	
3	23	I&R SERVICES-OTHER PRGM C MALPRACTICE INSURANCE		912,135	-912,135	
4	6	ADMINISTRATIVE & GENERAL MALPRACTICE INSURANCE		975,776	-975,776	
4.01	39	DELIVERY ROOM & LABOR ROO MALPRACTICE INSURANCE		54,034	-54,034	
4.02	44	LABORATORY MALPRACTICE INSURANCE		72,712	-72,712	
4.03	61	1 FAMILY PRACTICES MALPRACTICE INSURANCE		1,651,714	-1,651,714	
4.04	71	HOME HEALTH AGENCY MALPRACTICE INSURANCE		19,098	-19,098	
4.05	5	EMPLOYEE BENEFITS WORKERS COMP		631,781	-631,781	
4.06	61	1 FAMILY PRACTICES WORKERS COMP		2,525	-2,525	
4.07	6	ADMINISTRATIVE & GENERAL ITS OPERATIONS		291,456	-291,456	
4.08	6	ADMINISTRATIVE & GENERAL INTEREST EXPENSE		12,887,807	-12,887,807	
4.09	6	ADMINISTRATIVE & GENERAL MGT FEES-ADMIN		4,045,718	-4,045,718	
4.10	3	NEW CAP REL COSTS-BLDG & DIRECT ALLOC.-INSURANCE	72,353		72,353	12
4.11	4	NEW CAP REL COSTS-MVBLE E DIRECT ALLOC.-INSURANCE	51,328		51,328	12
4.12	6	ADMINISTRATIVE & GENERAL DIRECT ALLOC.-PROF. LIABI	5,414,789		5,414,789	
4.13	5	EMPLOYEE BENEFITS DIRECT ALLOC.-WORKERS COM	930,698		930,698	
4.14	3	NEW CAP REL COSTS-BLDG & DIRECT ALLOC.-INTEREST EX	640,134		640,134	11
4.15	6	ADMINISTRATIVE & GENERAL DIRECT ALLOC.-INTEREST EX	619,662		619,662	
4.16	6	ADMINISTRATIVE & GENERAL FUNCT. ALLOC.-CENTRAL REG	406,248		406,248	
4.17	6	ADMINISTRATIVE & GENERAL POOLED ALLOC.-MGMT FEES	4,494,700		4,494,700	
4.18	6	ADMINISTRATIVE & GENERAL FINANCE DEPT.	1,112,946	1,394,294	-281,348	
4.19	5	EMPLOYEE BENEFITS FINANCE DEPT.	1,176,967	1,430,303	-253,336	
4.20						
5		TOTALS	14,919,825	24,522,665	-9,602,840	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART 8 OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	VANGUARD HLTH SYSTEMS	100.00	HEALTHCARE
2		0.00			
3		0.00			
4		0.00			
5		0.00			

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET A-8-2  
 I I TO 9/30/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	34,800	30,000	4,800	177,200	52	4,430	222
2 14	NURSING ADMINISTRATION	221,917	216,188	5,729	177,200	52	4,430	222
3 16	PHARMACY	5,000	5,000					
4 23	I&R SERVICES-OTHER PRGM C	126,515		126,515	177,200	1,174	100,016	5,001
5 25	ADULTS & PEDIATRICS	21,095	21,095					
6 26	INTENSIVE CARE UNIT	47,031		47,031	177,200	381	32,458	1,623
7 31	SUBPROVIDER	51,115	2,050	49,065	154,100	552	40,896	2,045
8 33	NURSERY	587,032	587,032					
9 34	SKILLED NURSING FACILITY	3,366	3,366					
10 37	OPERATING ROOM	529,343	529,343					
11 39	DELIVERY ROOM & LABOR ROO	1,153,052	1,153,052					
12 40	ANESTHESIOLOGY	391,772	391,772					
13 53	ELECTROCARDIOLOGY	240,055	195,905	44,150	177,200	189	16,101	805
14 61 1	FAMILY PRACTICES	486,161	486,161					
15 61 2	PSYCH DAY HOSPITAL	24,080		24,080	154,100	136	10,076	504
16								
30								
101	TOTAL	3,922,334	3,620,964	301,370		2,536	208,407	10,422

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL					4,430	370	30,370
2 14	NURSING ADMINISTRATION					4,430	1,299	217,487
3 16	PHARMACY							5,000
4 23	I&R SERVICES-OTHER PRGM C					100,016	26,499	26,499
5 25	ADULTS & PEDIATRICS							21,095
6 26	INTENSIVE CARE UNIT					32,458	14,573	14,573
7 31	SUBPROVIDER					40,896	8,169	10,219
8 33	NURSERY							587,032
9 34	SKILLED NURSING FACILITY							3,366
10 37	OPERATING ROOM							529,343
11 39	DELIVERY ROOM & LABOR ROO							1,153,052
12 40	ANESTHESIOLOGY							391,772
13 53	ELECTROCARDIOLOGY					16,101	28,049	223,954
14 61 1	FAMILY PRACTICES							486,161
15 61 2	PSYCH DAY HOSPITAL					10,076	14,004	14,004
16								
30								
101	TOTAL					208,407	92,963	3,713,927

## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	11	MEALS SERVED	ENTERED
12	CAFETERIA	9	FTEs	ENTERED
14	NURSING ADMINISTRATION	20	DIRECT HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQ	ENTERED
16	PHARMACY	13	COSTED REQUIS-PHA	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS REVENUE	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED TIME	ENTERED

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B  
 I I TO 9/30/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	8,235,470			8,235,470			
005 NEW CAP REL COSTS-MVBLE E	9,317,308				9,317,308		
006 EMPLOYEE BENEFITS	16,515,295					16,515,295	
007 ADMINISTRATIVE & GENERAL	38,736,433			853,344	965,442	2,654,463	43,209,682
008 MAINTENANCE & REPAIRS	2,033,379			3,371,957	3,814,909	27,235	9,247,480
009 LAUNDRY & LINEN SERVICE	783,332			5,341	6,043	89,333	884,049
010 HOUSEKEEPING	2,520,540			69,817	78,989	333,605	3,002,951
011 DIETARY	2,587,617			202,697	229,324	374,682	3,394,320
012 CAFETERIA				76,595	86,657		163,252
014 NURSING ADMINISTRATION	1,643,280			15,664	17,722	250,649	1,927,315
015 CENTRAL SERVICES & SUPPLY	655,866			43,656	49,391	42,522	791,435
016 PHARMACY	5,461,393			53,991	61,083	343,546	5,920,013
017 MEDICAL RECORDS & LIBRARY	2,240,985			56,250	63,639	370,890	2,731,764
022 I&R SERVICES-SALARY & FRI	2,511,022					433,844	2,944,866
023 I&R SERVICES-OTHER PRGM C	1,031,003			65,461	74,060		1,170,524
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	20,964,783			888,032	1,004,687	3,007,888	25,865,390
027 INTENSIVE CARE UNIT	4,598,421			87,706	99,227	717,081	5,502,435
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER	1,978,713			139,530	157,859	323,928	2,600,030
034 NURSERY	1,311,287			39,520	44,711	215,370	1,610,888
037 SKILLED NURSING FACILITY	3,171,307			136,947	154,936	499,760	3,962,950
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	13,023,149			290,739	328,932	689,701	14,332,521
038 01 SAME DAY SURGERY	636,061			40,157	45,432	94,699	816,349
038 RECOVERY ROOM	766,132			30,726	34,762	121,040	952,660
039 DELIVERY ROOM & LABOR ROO	2,189,200			86,733	98,126	331,651	2,705,710
040 ANESTHESIOLOGY	293,633			2,085	2,359	20,043	318,120
041 RADIOLOGY-DIAGNOSTIC	4,318,801			238,660	270,011	470,895	5,298,367
041 01 ULTRA SOUND	1,079,566					130,938	1,210,504
041 02 CAT SCAN	1,306,043			21,434	24,250	148,207	1,499,934
043 RADIOISOTOPE	886,117			22,627	25,600	62,406	996,750
044 LABORATORY	7,804,628			226,993	256,812	750,748	9,039,181
049 RESPIRATORY THERAPY	1,379,885			24,516	27,736	181,263	1,613,400
050 PHYSICAL THERAPY	2,300,584			108,584	122,848	301,180	2,833,196
053 ELECTROCARDIOLOGY	1,062,079			24,632	27,868	119,551	1,234,130
053 01 CARDIAC CATHETERIZATION LAB	6,511,403			43,691	49,430	112,242	6,716,766
053 02 TCU REHAB	621,823			31,050	35,129	84,396	772,398
055 MEDICAL SUPPLIES CHARGED	5,615,673						5,615,673
056 DRUGS CHARGED TO PATIENTS	2,631,157						2,631,157
057 RENAL DIALYSIS	509,180			3,418	3,867		516,465
059 MCCR	27,786					8,619	36,405
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,769,796			80,778	91,389	220,059	2,162,022
061 EMERGENCY	5,631,024			151,429	171,321	687,679	6,641,453
061 01 FAMILY PRACTICES	8,645,285			149,506	169,145	1,223,472	10,187,408
061 02 PSYCH DAY HOSPITAL	288,789			153,202	173,327	46,852	662,170
061 03 CARDIAC REHAB	758,029			84,995	96,160	112,843	1,052,027
061 05 CANCER CENTER							
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	4,410,494			34,167	38,655	623,662	5,106,978
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	200,763,751			7,956,630	9,001,838	16,226,942	199,881,088
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	139,036			11,354	12,846	9,759	172,995
096 01 COMMUNITY HEALTH	59,544						59,544
096 02 MARKETING	1,119,263			16,626	18,810	30,740	1,185,439
096 03 PHYSICIAN DEVELOPMENT							
096 04 FOOD SERVICE - RML							
096 05 HOME DELIVERED MEALS							
096 06 MACNEAL SCHOOL	1,922,731					247,854	2,170,585
096 07 CATERED MEALS							
098 PHYSICIANS' PRIVATE OFFIC				192,965	218,313		411,278
098 01 OTHER NONREIMBURSABLE				57,895	65,501		123,396
098 02 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	204,004,325			8,235,470	9,317,308	16,515,295	204,004,325



## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B  
 I I TO 9/30/2008 I PART I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	7	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	43,209,682						
009	MAINTENANCE & REPAIRS	2,485,038	11,732,518					
010	LAUNDRY & LINEN SERVICE	237,567	15,627	1,137,243				
011	HOUSEKEEPING	806,971	204,264		4,014,186			
012	DIETARY	912,142	593,029		206,775	5,106,266		
014	CAFETERIA	43,870	224,093		78,136	1,743,288	2,252,639	
015	NURSING ADMINISTRATION	517,920	45,829		15,979		33,487	2,540,530
016	CENTRAL SERVICES & SUPPLY	212,679	127,724	32,023	44,534		25,100	
017	PHARMACY	1,590,861	157,960		55,077		54,721	
022	MEDICAL RECORDS & LIBRARY	734,096	164,570		57,382		92,812	
023	I&R SERVICES-SALARY & FRI	791,362						
025	I&R SERVICES-OTHER PRGM C	314,550	191,518		66,778		104,492	
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS	6,950,684	2,598,108	412,417	905,902	1,448,744	606,520	1,079,224
028	INTENSIVE CARE UNIT	1,478,647	256,601	29,793	89,471	124,371	104,124	287,844
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
034	SUBPROVIDER	698,696	408,222	29,101	142,338	161,293	62,781	143,376
037	NURSERY	432,887	115,623	18,272	40,315		31,646	86,138
038	SKILLED NURSING FACILITY	1,064,948	400,663	80,257	139,702	306,776	104,860	141,160
039	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	3,851,521	850,613	80,842	296,589		131,802	120,945
041	SAME DAY SURGERY	219,374	117,487	33,047	40,965		17,388	46,690
042	RECOVERY ROOM	256,005	89,895	23,383	31,344		18,984	47,840
043	DELIVERY ROOM & LABOR ROO	727,095	253,753	46,217	88,478		44,309	133,186
044	ANESTHESIOLOGY	85,487	6,101	137	2,127		2,946	8,504
045	RADIOLOGY-DIAGNOSTIC	1,423,809	698,246	66,571	243,462		99,480	9,486
046	01 ULTRA SOUND	325,294					22,605	
047	02 CAT SCAN	403,071	62,710		21,865		29,928	6,693
048	RADIOISOTOPE	267,853	66,201		23,083		9,144	
049	LABORATORY	2,429,063	664,111		231,560		117,278	
050	RESPIRATORY THERAPY	433,563	71,726		25,009		38,049	
051	PHYSICAL THERAPY	761,353	317,683	24,668	110,769		74,871	
052	ELECTROCARDIOLOGY	331,643	72,065	6,313	25,127		24,630	13,083
053	01 CARDIAC CATHETERIZATION LAB	1,804,970	127,826	6,732	44,570		16,938	32,248
054	02 TCU REHAB	207,563	90,844		31,675			
055	MEDICAL SUPPLIES CHARGED	1,509,077						
056	DRUGS CHARGED TO PATIENTS	707,060						
057	RENAL DIALYSIS	138,788	10,000		3,487			
058	MCCR	9,783					1,575	
059	OUTPAT SERVICE COST CNTRS							
060	CLINIC	580,992	236,330	38,921	82,403		43,593	89,056
061	EMERGENCY	1,784,731	443,035	165,992	154,476		134,993	245,490
062	01 FAMILY PRACTICES	2,737,621	437,408	1,867	152,514			17,796
063	02 PSYCH DAY HOSPITAL	177,942	448,221		156,284		9,451	6,478
064	03 CARDIAC REHAB	282,707	248,669	213	86,705		22,870	23,080
065	05 CANCER CENTER							
066	OBSERVATION BEDS (NON-DIS							
067	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	1,372,378	99,962		34,855		92,934	2,213
093	SPEC PURPOSE COST CENTERS							
095	HOSPICE							
096	SUBTOTALS	42,101,661	10,916,717	1,096,766	3,729,736	3,784,472	2,174,311	2,540,530
097	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP	46,488	33,219		11,583		1,125	
099	01 COMMUNITY HEALTH	16,001					1,964	
100	02 MARKETING	318,558	48,642		16,960		7,180	
101	03 PHYSICIAN DEVELOPMENT							
102	04 FOOD SERVICE - RML							
103	05 HOME DELIVERED MEALS					111,446		
104	06 MACNEAL SCHOOL	583,293		33		169,900	68,059	
105	07 CATERED MEALS					1,040,448		
106	PHYSICIANS' PRIVATE OFFIC	110,521	564,556	40,444	196,847			
107	01 OTHER NONREIMBURSABLE							
108	02 VACANT SPACE	33,160	169,384		59,060			
109	CROSS FOOT ADJUSTMENT							
110	NEGATIVE COST CENTER							
111	TOTAL	43,209,682	11,732,518	1,137,243	4,014,186	5,106,266	2,252,639	2,540,530

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B  
 I I TO 9/30/2008 I PART I

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP- DOWN ADJ
		15	16	17	22	23	25	26
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
009	MAINTENANCE & REPAIRS							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY	1,233,495						
016	PHARMACY		7,778,632					
017	MEDICAL RECORDS & LIBRARY			3,780,624				
022	I&R SERVICES-SALARY & FRI				3,736,228			
023	I&R SERVICES-OTHER PRGM C					1,847,862		
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS			473,796	3,183,628	1,574,557	45,098,970	-4,758,185
027	INTENSIVE CARE UNIT			67,802			7,941,088	
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER			65,155	180,785	89,413	4,581,190	-270,198
033	NURSERY			45,701			2,381,470	
034	SKILLED NURSING FACILITY			41,872			6,243,188	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			363,186	241,047	119,217	20,388,283	-360,264
037	01 SAME DAY SURGERY			2,164			1,293,464	
038	RECOVERY ROOM			71,029			1,491,140	
039	DELIVERY ROOM & LABOR ROO			132,785			4,131,533	
040	ANESTHESIOLOGY			67,186			490,608	
041	RADIOLOGY-DIAGNOSTIC			158,558			7,997,979	
041	01 ULTRA SOUND			66,367			1,624,770	
041	02 CAT SCAN			229,290			2,253,491	
043	RADIOISOTOPE			62,550			1,425,581	
044	LABORATORY			327,337			12,808,530	
049	RESPIRATORY THERAPY			32,241			2,213,988	
050	PHYSICAL THERAPY			70,561			4,193,101	
053	ELECTROCARDIOLOGY			93,177			1,800,168	
053	01 CARDIAC CATHETERIZATION LAB			102,525			8,852,575	
053	02 TCU REHAB			9,494			1,111,974	
055	MEDICAL SUPPLIES CHARGED	1,233,495		347,142			8,705,387	
056	DRUGS CHARGED TO PATIENTS		7,778,632	457,659			11,574,508	
057	RENAL DIALYSIS			8,838			677,578	
059	MCCR						47,763	
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC			83,084			3,316,401	
061	EMERGENCY			267,576	60,262	29,804	9,927,812	-90,066
061	01 FAMILY PRACTICES			80,813	70,506	34,871	13,720,804	-105,377
061	02 PSYCH DAY HOSPITAL			6,228			1,466,774	
061	03 CARDIAC REHAB			12,805			1,729,076	
061	05 CANCER CENTER							
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY			33,703			6,743,023	
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE							
095	SUBTOTALS	1,233,495	7,778,632	3,780,624	3,736,228	1,847,862	196,232,217	-5,584,090
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						265,410	
096	01 COMMUNITY HEALTH						77,509	
096	02 MARKETING						1,576,779	
096	03 PHYSICIAN DEVELOPMENT							
096	04 FOOD SERVICE - RML							
096	05 HOME DELIVERED MEALS						111,446	
096	06 MACNEAL SCHOOL						2,991,870	
096	07 CATERED MEALS						1,040,448	
098	PHYSICIANS' PRIVATE OFFIC						1,323,646	
098	01 OTHER NONREIMBURSABLE							
098	02 VACANT SPACE						385,000	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,233,495	7,778,632	3,780,624	3,736,228	1,847,862	204,004,325	-5,584,090

## COST ALLOCATION - GENERAL SERVICE COSTS

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET 8  
 I I TO 9/30/2008 I PART I

COST CENTER DESCRIPTION		TOTAL
		27
	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	40,340,785
026	INTENSIVE CARE UNIT	7,941,088
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	4,310,992
033	NURSERY	2,381,470
034	SKILLED NURSING FACILITY	6,243,188
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	20,028,019
037 01	SAME DAY SURGERY	1,293,464
038	RECOVERY ROOM	1,491,140
039	DELIVERY ROOM & LABOR ROO	4,131,533
040	ANESTHESIOLOGY	490,608
041	RADIOLOGY-DIAGNOSTIC	7,997,979
041 01	ULTRA SOUND	1,624,770
041 02	CAT SCAN	2,253,491
043	RADIOISOTOPE	1,425,581
044	LABORATORY	12,808,530
049	RESPIRATORY THERAPY	2,213,988
050	PHYSICAL THERAPY	4,193,101
053	ELECTROCARDIOLOGY	1,800,168
053 01	CARDIAC CATHETERIZATION LAB	8,852,575
053 02	TCU REHAB	1,111,974
055	MEDICAL SUPPLIES CHARGED	8,705,387
056	DRUGS CHARGED TO PATIENTS	11,574,508
057	RENAL DIALYSIS	677,578
059	MCCR	47,763
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	3,316,401
061	EMERGENCY	9,837,746
061 01	FAMILY PRACTICES	13,615,427
061 02	PSYCH DAY HOSPITAL	1,466,774
061 03	CARDIAC REHAB	1,729,076
061 05	CANCER CENTER	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	6,743,023
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	
095	SUBTOTALS	190,648,127
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	265,410
096 01	COMMUNITY HEALTH	77,509
096 02	MARKETING	1,576,779
096 03	PHYSICIAN DEVELOPMENT	
096 04	FOOD SERVICE - RML	
096 05	HOME DELIVERED MEALS	111,446
096 06	MACNEAL SCHOOL	2,991,870
096 07	CATERED MEALS	1,040,448
098	PHYSICIANS' PRIVATE OFFIC	1,323,646
098 01	OTHER NONREIMBURSABLE	
098 02	VACANT SPACE	385,000
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	198,420,235

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B  
 I I TO 9/30/2008 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL				853,344	965,442	1,818,786	
009 MAINTENANCE & REPAIRS				3,371,957	3,814,909	7,186,866	
010 LAUNDRY & LINEN SERVICE				5,341	6,043	11,384	
011 HOUSEKEEPING				69,817	78,989	148,806	
012 DIETARY				202,697	229,324	432,021	
014 CAFETERIA				76,595	86,657	163,252	
015 NURSING ADMINISTRATION				15,664	17,722	33,386	
016 CENTRAL SERVICES & SUPPLY				43,656	49,391	93,047	
017 PHARMACY				53,991	61,083	115,074	
022 MEDICAL RECORDS & LIBRARY				56,250	63,639	119,889	
023 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS				65,461	74,060	139,521	
026 ADULTS & PEDIATRICS				888,032	1,004,687	1,892,719	
027 INTENSIVE CARE UNIT				87,706	99,227	186,933	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER				139,530	157,859	297,389	
033 NURSERY				39,520	44,711	84,231	
034 SKILLED NURSING FACILITY				136,947	154,936	291,883	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				290,739	328,932	619,671	
038 01 SAME DAY SURGERY				40,157	45,432	85,589	
039 01 RECOVERY ROOM				30,726	34,762	65,488	
040 01 DELIVERY ROOM & LABOR ROO				86,733	98,126	184,859	
041 01 ANESTHESIOLOGY				2,085	2,359	4,444	
041 01 RADIOLOGY-DIAGNOSTIC				238,660	270,011	508,671	
041 02 ULTRA SOUND							
041 02 CAT SCAN				21,434	24,250	45,684	
043 02 RADIOISOTOPE				22,627	25,600	48,227	
044 02 LABORATORY				226,993	256,812	483,805	
049 02 RESPIRATORY THERAPY				24,516	27,736	52,252	
050 02 PHYSICAL THERAPY				108,584	122,848	231,432	
053 02 ELECTROCARDIOLOGY				24,632	27,868	52,500	
053 01 CARDIAC CATHETERIZATION LAB				43,691	49,430	93,121	
053 02 TCU REHAB				31,050	35,129	66,179	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				3,418	3,867	7,285	
059 MCCR							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				80,778	91,389	172,167	
061 EMERGENCY				151,429	171,321	322,750	
061 01 FAMILY PRACTICES				149,506	169,145	318,651	
061 02 PSYCH DAY HOSPITAL				153,202	173,327	326,529	
061 03 CARDIAC REHAB				84,995	96,160	181,155	
061 05 CANCER CENTER							
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				34,167	38,655	72,822	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS				7,956,630	9,001,838	16,958,468	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				11,354	12,846	24,200	
096 01 COMMUNITY HEALTH							
096 02 MARKETING				16,626	18,810	35,436	
096 03 PHYSICIAN DEVELOPMENT							
096 04 FOOD SERVICE - RML							
096 05 HOME DELIVERED MEALS							
096 06 MACNEAL SCHOOL							
096 07 CATERED MEALS							
098 PHYSICIANS' PRIVATE OFFIC				192,965	218,313	411,278	
098 01 OTHER NONREIMBURSABLE							
098 02 VACANT SPACE				57,895	65,501	123,396	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				8,235,470	9,317,308	17,552,778	

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B  
 I I TO 9/30/2008 I PART III

## ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	7	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	1,818,786						
009	MAINTENANCE & REPAIRS	104,598	7,291,464					
010	LAUNDRY & LINEN SERVICE	9,999	9,712	31,095				
011	HOUSEKEEPING	33,966	126,945		309,717			
012	DIETARY	38,393	368,553		15,954	854,921		
014	CAFETERIA	1,847	139,268		6,029	291,871	602,267	
015	NURSING ADMINISTRATION	21,800	28,481		1,233		8,953	93,853
016	CENTRAL SERVICES & SUPPLY	8,952	79,377	876	3,436		6,711	
017	PHARMACY	66,961	98,168		4,250		14,630	
022	MEDICAL RECORDS & LIBRARY	30,899	102,276		4,427		24,814	
023	I&R SERVICES-SALARY & FRI	33,309						
025	I&R SERVICES-OTHER PRGM C	13,240	119,024		5,152		27,937	
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS	292,601	1,614,660	11,275	69,894	242,557	162,157	39,870
028	INTENSIVE CARE UNIT	62,238	159,471	815	6,903	20,823	27,839	10,634
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
034	SUBPROVIDER	29,409	253,700	796	10,982	27,005	16,785	5,297
037	NURSERY	18,221	71,857	500	3,111		8,461	3,182
038	SKILLED NURSING FACILITY	44,825	249,002	2,194	10,779	51,362	28,036	5,215
039	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	162,115	528,634	2,210	22,883		35,239	4,468
041	01 SAME DAY SURGERY	9,234	73,015	904	3,161		4,649	1,725
042	RECOVERY ROOM	10,776	55,867	639	2,418		5,075	1,767
043	DELIVERY ROOM & LABOR ROO	30,604	157,701	1,264	6,827		11,846	4,920
044	ANESTHESIOLOGY	3,598	3,792	4	164		788	314
045	RADIOLOGY-DIAGNOSTIC	59,930	433,942	1,820	18,784		26,597	350
046	01 ULTRA SOUND	13,692					6,044	
047	02 CAT SCAN	16,966	38,972		1,687		8,002	247
048	RADIOISOTOPE	11,274	41,142		1,781		2,445	
049	LABORATORY	102,242	412,728		17,866		31,355	
050	RESPIRATORY THERAPY	18,249	44,576		1,930		10,173	
051	PHYSICAL THERAPY	32,046	197,432	674	8,546		20,018	
052	ELECTROCARDIOLOGY	13,959	44,787	173	1,939		6,585	483
053	01 CARDIAC CATHETERIZATION LAB	75,973	79,441	184	3,439		4,529	1,191
054	02 TCU REHAB	8,737	56,457		2,444			
055	MEDICAL SUPPLIES CHARGED	63,519						
056	DRUGS CHARGED TO PATIENTS	29,761						
057	RENAL DIALYSIS	5,842	6,215		269			
058	MCCR	412					421	
059	OUTPAT SERVICE COST CNTRS							
060	CLINIC	24,455	146,873	1,064	6,358		11,655	3,290
061	EMERGENCY	75,121	275,335	4,539	11,919		36,092	9,069
062	01 FAMILY PRACTICES	115,230	271,838	51	11,767		657	
063	02 PSYCH DAY HOSPITAL	7,490	278,558		12,058		2,527	239
064	03 CARDIAC REHAB	11,899	154,541	6	6,690		6,115	853
065	05 CANCER CENTER							
066	OBSERVATION BEDS (NON-DIS							
067	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	57,765	62,124		2,689		24,847	82
093	SPEC PURPOSE COST CENTERS							
095	HOSPICE							
096	SUBTOTALS	1,772,147	6,784,464	29,988	287,769	633,618	581,325	93,853
097	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP	1,957	20,645		894		301	
099	01 COMMUNITY HEALTH	674					525	
100	02 MARKETING	13,409	30,230		1,309		1,920	
101	03 PHYSICIAN DEVELOPMENT							
102	04 FOOD SERVICE - RML							
103	05 HOME DELIVERED MEALS					18,659		
104	06 MACNEAL SCHOOL	24,551		1		28,446	18,196	
105	07 CATERED MEALS					174,198		
106	PHYSICIANS' PRIVATE OFFIC	4,652	350,857	1,106	15,188			
107	01 OTHER NONREIMBURSABLE							
108	02 VACANT SPACE	1,396	105,268		4,557			
109	CROSS FOOT ADJUSTMENTS							
110	NEGATIVE COST CENTER							
111	TOTAL	1,818,786	7,291,464	31,095	309,717	854,921	602,267	93,853

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B  
 I I TO 9/30/2008 I PART III

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
		15	16	17	22	23	25	26
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
009	MAINTENANCE & REPAIRS							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
014	CAFETERIA							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY	192,399						
017	PHARMACY		299,083					
022	MEDICAL RECORDS & LIBRARY			282,305				
023	I&R SERVICES-SALARY & FRI				33,309			
025	I&R SERVICES-OTHER PRGM C					304,874		
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS			35,497			4,361,230	
028	INTENSIVE CARE UNIT			5,060			480,716	
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
034	SUBPROVIDER			4,863			646,226	
037	NURSERY			3,411			192,974	
038	SKILLED NURSING FACILITY			3,125			686,421	
039	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM			27,107			1,402,327	
043	01 SAME DAY SURGERY			162			178,439	
044	RECOVERY ROOM			5,301			147,331	
045	DELIVERY ROOM & LABOR ROO			9,911			407,932	
046	ANESTHESIOLOGY			5,015			18,119	
047	RADIOLOGY-DIAGNOSTIC			11,834			1,061,928	
048	01 ULTRA SOUND			4,953			24,689	
049	02 CAT SCAN			17,113			128,671	
050	RADIOISOTOPE			4,668			109,537	
051	LABORATORY			24,431			1,072,427	
052	RESPIRATORY THERAPY			2,406			129,586	
053	PHYSICAL THERAPY			5,266			495,414	
054	ELECTROCARDIOLOGY			6,954			127,380	
055	01 CARDIAC CATHETERIZATION LAB			7,652			265,530	
056	02 TCU REHAB			709			134,526	
057	MEDICAL SUPPLIES CHARGED	192,399		25,909			281,827	
058	DRUGS CHARGED TO PATIENTS		299,083	34,158			363,002	
059	RENAL DIALYSIS			660			20,271	
060	MCCR						833	
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC			6,201			372,063	
063	EMERGENCY			19,971			754,796	
064	01 FAMILY PRACTICES			6,032			724,226	
065	02 PSYCH DAY HOSPITAL			465			627,866	
066	03 CARDIAC REHAB			956			362,215	
067	05 CANCER CENTER							
068	OBSERVATION BEDS (NON-DIS							
069	OTHER REIMBURS COST CNTRS							
070	HOME HEALTH AGENCY			2,515			222,844	
071	SPEC PURPOSE COST CENTERS							
072	HOSPICE							
073	SUBTOTALS	192,399	299,083	282,305			15,801,346	
074	NONREIMBURS COST CENTERS							
075	GIFT, FLOWER, COFFEE SHOP						47,997	
076	01 COMMUNITY HEALTH						1,199	
077	02 MARKETING						82,304	
078	03 PHYSICIAN DEVELOPMENT							
079	04 FOOD SERVICE - RML							
080	05 HOME DELIVERED MEALS						18,659	
081	06 MACNEAL SCHOOL						71,194	
082	07 CATERED MEALS						174,198	
083	PHYSICIANS' PRIVATE OFFIC						783,081	
084	01 OTHER NONREIMBURSABLE							
085	02 VACANT SPACE						234,617	
086	CROSS FOOT ADJUSTMENTS				33,309	304,874	338,183	
087	NEGATIVE COST CENTER							
088	TOTAL	192,399	299,083	282,305	33,309	304,874	17,552,778	

## ALLOCATION OF NEW CAPITAL RELATED COSTS

IN LIEU OF FORM CMS-2552-96(9/1996)CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B  
 I I TO 9/30/2008 I PART III

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
009	MAINTENANCE & REPAIRS	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
022	MEDICAL RECORDS & LIBRARY	
023	I&R SERVICES-SALARY & FRI	
	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,361,230
026	INTENSIVE CARE UNIT	480,716
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	646,226
033	NURSERY	192,974
034	SKILLED NURSING FACILITY	686,421
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,402,327
037 01	SAME DAY SURGERY	178,439
038	RECOVERY ROOM	147,331
039	DELIVERY ROOM & LABOR ROO	407,932
040	ANESTHESIOLOGY	18,119
041	RADIOLOGY-DIAGNOSTIC	1,061,928
041 01	ULTRA SOUND	24,689
041 02	CAT SCAN	128,671
043	RADIOISOTOPE	109,537
044	LABORATORY	1,072,427
049	RESPIRATORY THERAPY	129,586
050	PHYSICAL THERAPY	495,414
053	ELECTROCARDIOLOGY	127,380
053 01	CARDIAC CATHETERIZATION LAB	265,530
053 02	TCU REHAB	134,526
055	MEDICAL SUPPLIES CHARGED	281,827
056	DRUGS CHARGED TO PATIENTS	363,002
057	RENAL DIALYSIS	20,271
059	MCCR	833
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	372,063
061	EMERGENCY	754,796
061 01	FAMILY PRACTICES	724,226
061 02	PSYCH DAY HOSPITAL	627,866
061 03	CARDIAC REHAB	362,215
061 05	CANCER CENTER	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	222,844
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	
095	SUBTOTALS	15,801,346
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	47,997
096 01	COMMUNITY HEALTH	1,199
096 02	MARKETING	82,304
096 03	PHYSICIAN DEVELOPMENT	
096 04	FOOD SERVICE - RML	
096 05	HOME DELIVERED MEALS	18,659
096 06	MACNEAL SCHOOL	71,194
096 07	CATERED MEALS	174,198
098	PHYSICIANS' PRIVATE OFFIC	783,081
098 01	OTHER NONREIMBURSABLE	
098 02	VACANT SPACE	234,617
101	CROSS FOOT ADJUSTMENTS	338,183
102	NEGATIVE COST CENTER	
103	TOTAL	17,552,778

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B-1  
 I I TO 9/30/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( SQUARE FEET )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( SQUARE FEET )	GROSS SALARIES )	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	710,812					
003 OLD CAP REL COSTS-MVB		710,812				
004 NEW CAP REL COSTS-BLD			710,812			
005 NEW CAP REL COSTS-MVB				710,812		
006 EMPLOYEE BENEFITS					95,660,615	
007 ADMINISTRATIVE & GENE	73,653	73,653	73,653	73,653	15,375,269	-43,209,682
009 MAINTENANCE & REPAIRS	291,037	291,037	291,037	291,037	157,750	
010 LAUNDRY & LINEN SERVI	461	461	461	461	517,436	
011 HOUSEKEEPING	6,026	6,026	6,026	6,026	1,932,318	
012 DIETARY	17,495	17,495	17,495	17,495	2,170,247	
014 CAFETERIA	6,611	6,611	6,611	6,611		
015 NURSING ADMINISTRATIO	1,352	1,352	1,352	1,352	1,451,815	
016 CENTRAL SERVICES & SU	3,768	3,768	3,768	3,768	246,295	
017 PHARMACY	4,660	4,660	4,660	4,660	1,989,899	
022 MEDICAL RECORDS & LIB	4,855	4,855	4,855	4,855	2,148,280	
023 I&R SERVICES-SALARY &					2,512,926	
025 I&R SERVICES-OTHER PR	5,650	5,650	5,650	5,650		
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS	76,647	76,647	76,647	76,647	17,422,573	
028 INTENSIVE CARE UNIT	7,570	7,570	7,570	7,570	4,153,500	
029 CORONARY CARE UNIT						
031 BURN INTENSIVE CARE U						
033 SURGICAL INTENSIVE CA						
034 SUBPROVIDER	12,043	12,043	12,043	12,043	1,876,268	
037 NURSERY	3,411	3,411	3,411	3,411	1,247,472	
038 SKILLED NURSING FACIL	11,820	11,820	11,820	11,820	2,894,726	
039 ANCILLARY SRVC COST C						
041 OPERATING ROOM	25,094	25,094	25,094	25,094	3,994,909	
043 01 SAME DAY SURGERY	3,466	3,466	3,466	3,466	548,518	
044 RECOVERY ROOM	2,652	2,652	2,652	2,652	701,090	
049 DELIVERY ROOM & LABOR	7,486	7,486	7,486	7,486	1,921,000	
050 ANESTHESIOLOGY	180	180	180	180	116,095	
053 RADIOLOGY-DIAGNOSTIC	20,599	20,599	20,599	20,599	2,727,536	
055 01 ULTRA SOUND					758,423	
057 02 CAT SCAN	1,850	1,850	1,850	1,850	858,447	
059 RADIOISOTOPE	1,953	1,953	1,953	1,953	361,472	
061 LABORATORY	19,592	19,592	19,592	19,592	4,348,508	
062 RESPIRATORY THERAPY	2,116	2,116	2,116	2,116	1,049,918	
066 PHYSICAL THERAPY	9,372	9,372	9,372	9,372	1,744,502	
068 ELECTROCARDIOLOGY	2,126	2,126	2,126	2,126	692,467	
071 01 CARDIAC CATHETERIZATION	3,771	3,771	3,771	3,771	650,134	
073 02 TCU REHAB	2,680	2,680	2,680	2,680	488,841	
075 MEDICAL SUPPLIES CHAR						
077 DRUGS CHARGED TO PATI						
079 RENAL DIALYSIS	295	295	295	295		
081 MCCR					49,926	
083 OUTPAT SERVICE COST C						
085 CLINIC	6,972	6,972	6,972	6,972	1,274,631	
087 EMERGENCY	13,070	13,070	13,070	13,070	3,983,194	
089 01 FAMILY PRACTICES	12,904	12,904	12,904	12,904	7,086,632	
091 02 PSYCH DAY HOSPITAL	13,223	13,223	13,223	13,223	271,377	
093 03 CARDIAC REHAB	7,336	7,336	7,336	7,336	653,615	
095 05 CANCER CENTER						
097 OBSERVATION BEDS (NON						
099 OTHER REIMBURS COST C						
101 HOME HEALTH AGENCY	2,949	2,949	2,949	2,949	3,612,395	
103 SPEC PURPOSE COST CEN						
105 HOSPICE						
107 SUBTOTALS	686,745	686,745	686,745	686,745	93,990,404	-43,209,682
109 NONREIMBURS COST CENT						
111 GIFT, FLOWER, COFFEE	980	980	980	980	56,528	
113 01 COMMUNITY HEALTH						
115 02 MARKETING	1,435	1,435	1,435	1,435	178,056	
117 03 PHYSICIAN DEVELOPMENT						
119 04 FOOD SERVICE - RML						
121 05 HOME DELIVERED MEALS						
123 06 MACNEAL SCHOOL					1,435,627	
125 07 CATERED MEALS						
127 PHYSICIANS' PRIVATE O	16,655	16,655	16,655	16,655		
129 01 OTHER NONREIMBURSABLE						
131 02 VACANT SPACE	4,997	4,997	4,997	4,997		
133 CROSS FOOT ADJUSTMENT						
135 NEGATIVE COST CENTER						
137 COST TO BE ALLOCATED			8,235,470	9,317,308	16,515,295	
139 (WRKSHT B, PART I)						
141 UNIT COST MULTIPLIER			11.586003		.172645	
143 (WRKSHT B, PT I)				13.107978		
145 COST TO BE ALLOCATED						
147 (WRKSHT B, PART II)						
149 UNIT COST MULTIPLIER						
151 (WRKSHT B, PT II)						



COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET B-1
I		I	TO 9/30/2008	I	

COST CENTER  
DESCRIPTIONOLD CAP REL C OLD CAP REL C NEW CAP REL C NEW CAP REL C EMPLOYEE BENE  
OSTS-BLDG & OSTS-MVBLE E OSTS-BLDG & OSTS-MVBLE E FITS

(	SQUARE	(	SQUARE	(	SQUARE	(	SQUARE	(	GROSS	RECONCIL-
	FEET	)	FEET	)	FEET	)	FEET	)	SALARIES	IATION

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107 COST TO BE ALLOCATED  
(WRKSHT B, PART III)  
108 UNIT COST MULTIPLIER  
(WRKSHT B, PT III)

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B-1  
 I I TO 9/30/2008 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & LAUNDRY & LIN HOUSEKEEPING		DIETARY		CAFETERIA		NURSING ADMINISTRATION	
		( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	(MEALS SERVED )	( FTES )	(DIRECT HOURS )	
		6	7	9	10	11	12	14	
001	GENERAL SERVICE COST								
002	OLD CAP REL COSTS-BLD								
003	OLD CAP REL COSTS-MVB								
004	NEW CAP REL COSTS-BLD								
005	NEW CAP REL COSTS-MVB								
006	EMPLOYEE BENEFITS								
007	ADMINISTRATIVE & GENE	160,794,643							
009	MAINTENANCE & REPAIRS	9,247,480	346,122						
010	LAUNDRY & LINEN SERVI	884,049	461	1,929,591					
011	HOUSEKEEPING	3,002,951	6,026		339,635				
012	DIETARY	3,394,320	17,495		17,495	766,449			
014	CAFETERIA	163,252	6,611		6,611	261,667	110,118		
015	NURSING ADMINISTRATIO	1,927,315	1,352		1,352		1,637	814,999	
016	CENTRAL SERVICES & SU	791,435	3,768	54,334	3,768		1,227		
017	PHARMACY	5,920,013	4,660		4,660		2,675		
022	MEDICAL RECORDS & LIB	2,731,764	4,855		4,855		4,537		
023	I&R SERVICES-SALARY &	2,944,866							
025	I&R SERVICES-OTHER PR	1,170,524	5,650		5,650		5,108		
026	INPAT ROUTINE SRVC CN								
027	ADULTS & PEDIATRICS	25,865,390	76,647	699,765	76,647	217,456	29,649	346,214	
028	INTENSIVE CARE UNIT	5,502,435	7,570	50,550	7,570	18,668	5,090	92,340	
029	CORONARY CARE UNIT								
031	BURN INTENSIVE CARE U								
033	SURGICAL INTENSIVE CA								
034	SUBPROVIDER	2,600,030	12,043	49,376	12,043	24,210	3,069	45,995	
037	NURSERY	1,610,888	3,411	31,002	3,411		1,547	27,633	
038	SKILLED NURSING FACIL	3,962,950	11,820	136,174	11,820	46,047	5,126	45,284	
039	ANCILLARY SRVC COST C								
040	OPERATING ROOM	14,332,521	25,094	137,167	25,094		6,443	38,799	
041	01 SAME DAY SURGERY	816,349	3,466	56,071	3,466		850	14,978	
042	RECOVERY ROOM	952,660	2,652	39,674	2,652		928	15,347	
043	DELIVERY ROOM & LABOR	2,705,710	7,486	78,417	7,486		2,166	42,726	
044	ANESTHESIOLOGY	318,120	180	232	180		144	2,728	
045	RADIOLOGY-DIAGNOSTIC	5,298,367	20,599	112,952	20,599		4,863	3,043	
046	01 ULTRA SOUND	1,210,504					1,105		
047	02 CAT SCAN	1,499,934	1,850		1,850		1,463	2,147	
048	RADIOISOTOPE	996,750	1,953		1,953		447		
049	LABORATORY	9,039,181	19,592		19,592		5,733		
050	RESPIRATORY THERAPY	1,613,400	2,116		2,116		1,860		
051	PHYSICAL THERAPY	2,833,196	9,372	41,855	9,372		3,660		
052	ELECTROCARDIOLOGY	1,234,130	2,126	10,711	2,126		1,204	4,197	
053	01 CARDIAC CATHETERIZATION	6,716,766	3,771	11,423	3,771		828	10,345	
054	02 TCU REHAB	772,398	2,680		2,680				
055	MEDICAL SUPPLIES CHAR	5,615,673							
056	DRUGS CHARGED TO PATI	2,631,157							
057	RENAL DIALYSIS	516,465	295		295				
058	MCCR	36,405					77		
059	OUTPAT SERVICE COST C								
060	CLINIC	2,162,022	6,972	66,039	6,972		2,131	28,569	
061	EMERGENCY	6,641,453	13,070	281,643	13,070		6,599	78,753	
062	01 FAMILY PRACTICES	10,187,408	12,904	3,167	12,904			5,709	
063	02 PSYCH DAY HOSPITAL	662,170	13,223		13,223		462	2,078	
064	03 CARDIAC REHAB	1,052,027	7,336	361	7,336		1,118	7,404	
065	05 CANCER CENTER								
066	OBSERVATION BEDS (NON								
067	OTHER REIMBURS COST C								
068	HOME HEALTH AGENCY	5,106,978	2,949		2,949		4,543	710	
069	SPEC PURPOSE COST CEN								
070	HOSPICE								
071	SUBTOTALS	156,671,406	322,055	1,860,913	315,568	568,048	106,289	814,999	
072	NONREIMBURS COST CENT								
073	GIFT, FLOWER, COFFEE	172,995	980		980		55		
074	01 COMMUNITY HEALTH	59,544					96		
075	02 MARKETING	1,185,439	1,435		1,435		351		
076	03 PHYSICIAN DEVELOPMENT								
077	04 FOOD SERVICE - RML								
078	05 HOME DELIVERED MEALS					16,728			
079	06 MACNEAL SCHOOL	2,170,585		56		25,502	3,327		
080	07 CATERED MEALS					156,171			
081	PHYSICIANS' PRIVATE O	411,278	16,655	68,622	16,655				
082	01 OTHER NONREIMBURSABLE								
083	02 VACANT SPACE	123,396	4,997		4,997				
084	CROSS FOOT ADJUSTMENT								
085	NEGATIVE COST CENTER								
086	COST TO BE ALLOCATED	43,209,682	11,732,518	1,137,243	4,014,186	5,106,266	2,252,639	2,540,530	
087	(WRKSHT B, PART I)								
088	UNIT COST MULTIPLIER		33.897059		11.819118		20.456592		
089	(WRKSHT B, PT I)	.268726		.589370		6.662238		3.117219	
090	COST TO BE ALLOCATED								
091	(WRKSHT B, PART II)								
092	UNIT COST MULTIPLIER								
093	(WRKSHT B, PT II)								

## COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(9/1997) CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET B-1  
 I I TO 9/30/2008 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	(MEALS SERVED	( FTEs )	(DIRECT HOURS )
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	6 1,818,786	7 7,291,464	9 31,095	10 309,717	11 854,921	12 602,267	14 93,853
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.011311	21.066167	.016115	.911911	1.115431	5.469287	.115157

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET 8-1  
 I I TO 9/30/2008 I

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED REQ)	(COSTED REQUIS-PHA	MEDICAL RECOR DS & LIBRARY	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
		15	16	17	22	23
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENE						
009 MAINTENANCE & REPAIRS						
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING						
012 DIETARY						
014 CAFETERIA						
015 NURSING ADMINISTRATIO						
016 CENTRAL SERVICES & SU	5,548,104					
017 PHARMACY		2,608,698				
022 MEDICAL RECORDS & LIB			754,441,027			
023 I&R SERVICES-SALARY &				6,200		
025 I&R SERVICES-OTHER PR					6,200	
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS			94,526,989			
028 INTENSIVE CARE UNIT			13,530,660	5,283		5,283
029 CORONARY CARE UNIT						
031 BURN INTENSIVE CARE U						
033 SURGICAL INTENSIVE CA						
034 SUBPROVIDER			13,002,446	300		300
037 NURSERY			9,120,214			
037 SKILLED NURSING FACIL			8,355,952			
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM			72,477,817	400		400
038 SAME DAY SURGERY			431,933			
039 RECOVERY ROOM			14,174,572			
040 DELIVERY ROOM & LABOR			26,498,757			
041 ANESTHESIOLOGY			13,407,779			
041 RADIOLOGY-DIAGNOSTIC			31,642,001			
041 01 ULTRA SOUND			13,244,346			
041 02 CAT SCAN			45,757,392			
043 RADIOISOTOPE			12,482,518			
044 LABORATORY			65,323,776			
049 RESPIRATORY THERAPY			6,434,133			
050 PHYSICAL THERAPY			14,081,319			
053 ELECTROCARDIOLOGY			18,594,397			
053 01 CARDIAC CATHERIZATION			20,460,029			
053 02 TCU REHAB			1,894,559			
055 MEDICAL SUPPLIES CHAR	5,548,104		69,275,962			
056 DRUGS CHARGED TO PATI		2,608,698	91,330,830			
057 RENAL DIALYSIS			1,763,686			
059 MCCR						
060 OUTPAT SERVICE COST C						
061 CLINIC			16,580,351			
061 EMERGENCY			53,397,684	100		100
061 01 FAMILY PRACTICES			16,127,085	117		117
061 02 PSYCH DAY HOSPITAL			1,242,792			
061 03 CARDIAC REHAB			2,555,290			
061 05 CANCER CENTER						
062 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C			6,725,758			
093 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CEN						
095 HOSPICE						
095 SUBTOTALS	5,548,104	2,608,698	754,441,027	6,200		6,200
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
096 01 COMMUNITY HEALTH						
096 02 MARKETING						
096 03 PHYSICIAN DEVELOPMENT						
096 04 FOOD SERVICE - RML						
096 05 HOME DELIVERED MEALS						
096 06 MACNEAL SCHOOL						
096 07 CATERED MEALS						
098 PHYSICIANS' PRIVATE O						
098 01 OTHER NONREIMBURSABLE						
098 02 VACANT SPACE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,233,495	7,778,632	3,780,624	3,736,228		1,847,862
104 (PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		2.981806		602.617419		
104 (WRKSHT B, PT I)	.222327		.005011		298.042258	
105 COST TO BE ALLOCATED						
105 (PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET B-1
I	I TO 9/30/2008	I

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED )REQUIS-PHA	MEDICAL RECOR DS & LIBRARY (GROSS )REVENUE	I&R SERVICES- SALARY & FRI (ASSIGNED )TIME	I&R SERVICES- OTHER PRGM C (ASSIGNED )TIME
		( COSTED REQ	(COSTED )REQUIS-PHA	(GROSS )REVENUE	(ASSIGNED )TIME	(ASSIGNED )TIME
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	15 192,399	16 299,083	17 282,305	22 33,309	23 304,874
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.034678	.114648	.000374	5.372419	49.173226

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET C  
 I I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	40,340,785		40,340,785		40,340,785
26	INTENSIVE CARE UNIT	7,941,088		7,941,088	14,573	7,955,661
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	4,310,992		4,310,992	8,169	4,319,161
33	NURSERY	2,381,470		2,381,470		2,381,470
34	SKILLED NURSING FACILITY	6,243,188		6,243,188		6,243,188
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	20,028,019		20,028,019		20,028,019
37 01	SAME DAY SURGERY	1,293,464		1,293,464		1,293,464
38	RECOVERY ROOM	1,491,140		1,491,140		1,491,140
39	DELIVERY ROOM & LABOR ROO	4,131,533		4,131,533		4,131,533
40	ANESTHESIOLOGY	490,608		490,608		490,608
41	RADIOLOGY-DIAGNOSTIC	7,997,979		7,997,979		7,997,979
41 01	ULTRA SOUND	1,624,770		1,624,770		1,624,770
41 02	CAT SCAN	2,253,491		2,253,491		2,253,491
43	RADIOISOTOPE	1,425,581		1,425,581		1,425,581
44	LABORATORY	12,808,530		12,808,530		12,808,530
49	RESPIRATORY THERAPY	2,213,988		2,213,988		2,213,988
50	PHYSICAL THERAPY	4,193,101		4,193,101		4,193,101
53	ELECTROCARDIOLOGY	1,800,168		1,800,168	28,049	1,828,217
53 01	CARDIAC CATHETERIZATION LAB	8,852,575		8,852,575		8,852,575
53 02	TCU REHAB	1,111,974		1,111,974		1,111,974
55	MEDICAL SUPPLIES CHARGED	8,705,387		8,705,387		8,705,387
56	DRUGS CHARGED TO PATIENTS	11,574,508		11,574,508		11,574,508
57	RENAL DIALYSIS	677,578		677,578		677,578
59	MCCR	47,763		47,763		47,763
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,316,401		3,316,401		3,316,401
61	EMERGENCY	9,837,746		9,837,746		9,837,746
61 01	FAMILY PRACTICES	13,615,427		13,615,427		13,615,427
61 02	PSYCH DAY HOSPITAL	1,466,774		1,466,774	14,004	1,480,778
61 03	CARDIAC REHAB	1,729,076		1,729,076		1,729,076
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,061,523		1,061,523		1,061,523
101	SUBTOTAL	184,966,627		184,966,627	64,795	185,031,422
102	LESS OBSERVATION BEDS	1,061,523		1,061,523		1,061,523
103	TOTAL	183,905,104		183,905,104	64,795	183,969,899

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET C  
 I I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	94,526,989		94,526,989			
27	INTENSIVE CARE UNIT	13,530,660		13,530,660			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER	13,002,446		13,002,446			
34	NURSERY	9,120,214		9,120,214			
37	SKILLED NURSING FACILITY	8,355,952		8,355,952			
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	39,302,781	33,175,036	72,477,817	.276333	.276333	.276333
38	01 SAME DAY SURGERY	10,410	421,523	431,933	2.994594	2.994594	2.994594
39	RECOVERY ROOM	5,902,726	8,271,846	14,174,572	.105198	.105198	.105198
40	DELIVERY ROOM & LABOR ROO	24,415,814	2,082,943	26,498,757	.155914	.155914	.155914
41	ANESTHESIOLOGY	6,924,496	6,483,283	13,407,779	.036591	.036591	.036591
41	RADIOLOGY-DIAGNOSTIC	10,966,575	20,675,426	31,642,001	.252765	.252765	.252765
41	01 ULTRA SOUND	3,714,130	9,530,216	13,244,346	.122676	.122676	.122676
41	02 CAT SCAN	17,779,292	27,978,100	45,757,392	.049249	.049249	.049249
43	RADIOISOTOPE	3,288,939	9,193,579	12,482,518	.114206	.114206	.114206
44	LABORATORY	41,912,704	23,411,072	65,323,776	.196078	.196078	.196078
49	RESPIRATORY THERAPY	5,908,072	526,061	6,434,133	.344100	.344100	.344100
50	PHYSICAL THERAPY	6,383,496	7,697,823	14,081,319	.297778	.297778	.297778
53	ELECTROCARDIOLOGY	9,403,950	9,190,447	18,594,397	.096812	.096812	.096812
53	01 CARDIAC CATHETERIZATION LAB	14,780,972	5,679,057	20,460,029	.432677	.432677	.432677
53	02 TCU REHAB	1,894,443	116	1,894,559	.586930	.586930	.586930
55	MEDICAL SUPPLIES CHARGED	45,204,455	24,071,507	69,275,962	.125662	.125662	.125662
56	DRUGS CHARGED TO PATIENTS	70,944,549	20,386,281	91,330,830	.126732	.126732	.126732
57	RENAL DIALYSIS	1,721,050	42,636	1,763,686	.384183	.384183	.384183
59	MCCR						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	3,294,375	13,285,976	16,580,351	.200020	.200020	.200020
61	EMERGENCY	20,546,996	32,850,688	53,397,684	.184235	.184235	.184235
61	01 FAMILY PRACTICES		16,127,085	16,127,085	.844258	.844258	.844258
61	02 PSYCH DAY HOSPITAL		1,242,792	1,242,792	1.180225	1.180225	1.191493
61	03 CARDIAC REHAB	4,551	2,550,739	2,555,290	.676665	.676665	.676665
61	05 CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS		3,555,267	3,555,267	.298578	.298578	.298578
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	472,841,037	278,429,499	751,270,536			
103	LESS OBSERVATION BEDS						
103	TOTAL	472,841,037	278,429,499	751,270,536			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET C
I	I TO 9/30/2008	I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	45,098,970		45,098,970		45,098,970
26	INTENSIVE CARE UNIT	7,941,088		7,941,088	14,573	7,955,661
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	4,581,190		4,581,190	8,169	4,589,359
33	NURSERY	2,381,470		2,381,470		2,381,470
34	SKILLED NURSING FACILITY	6,243,188		6,243,188		6,243,188
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	20,388,283		20,388,283		20,388,283
37 01	SAME DAY SURGERY	1,293,464		1,293,464		1,293,464
38	RECOVERY ROOM	1,491,140		1,491,140		1,491,140
39	DELIVERY ROOM & LABOR ROO	4,131,533		4,131,533		4,131,533
40	ANESTHESIOLOGY	490,608		490,608		490,608
41	RADIOLOGY-DIAGNOSTIC	7,997,979		7,997,979		7,997,979
41 01	ULTRA SOUND	1,624,770		1,624,770		1,624,770
41 02	CAT SCAN	2,253,491		2,253,491		2,253,491
43	RADIOISOTOPE	1,425,581		1,425,581		1,425,581
44	LABORATORY	12,808,530		12,808,530		12,808,530
49	RESPIRATORY THERAPY	2,213,988		2,213,988		2,213,988
50	PHYSICAL THERAPY	4,193,101		4,193,101		4,193,101
53	ELECTROCARDIOLOGY	1,800,168		1,800,168	28,049	1,828,217
53 01	CARDIAC CATHORIZATION LAB	8,852,575		8,852,575		8,852,575
53 02	TCU REHAB	1,111,974		1,111,974		1,111,974
55	MEDICAL SUPPLIES CHARGED	8,705,387		8,705,387		8,705,387
56	DRUGS CHARGED TO PATIENTS	11,574,508		11,574,508		11,574,508
57	RENAL DIALYSIS	677,578		677,578		677,578
59	MCCR	47,763		47,763		47,763
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,316,401		3,316,401		3,316,401
61	EMERGENCY	9,927,812		9,927,812		9,927,812
61 01	FAMILY PRACTICES	13,720,804		13,720,804		13,720,804
61 02	PSYCH DAY HOSPITAL	1,466,774		1,466,774	14,004	1,480,778
61 03	CARDIAC REHAB	1,729,076		1,729,076		1,729,076
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,061,523		1,061,523		1,061,523
101	SUBTOTAL	190,550,717		190,550,717	64,795	190,615,512
102	LESS OBSERVATION BEDS	1,061,523		1,061,523		1,061,523
103	TOTAL	189,489,194		189,489,194	64,795	189,553,989



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET C  
I TO 9/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	94,526,989		94,526,989			
26	INTENSIVE CARE UNIT	13,530,660		13,530,660			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	13,002,446		13,002,446			
33	NURSERY	9,120,214		9,120,214			
34	SKILLED NURSING FACILITY	8,355,952		8,355,952			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	39,302,781	33,175,036	72,477,817	.281304	.281304	.281304
37 01	SAME DAY SURGERY	10,410	421,523	431,933	2.994594	2.994594	2.994594
38	RECOVERY ROOM	5,902,726	8,271,846	14,174,572	.105198	.105198	.105198
39	DELIVERY ROOM & LABOR ROO	24,415,814	2,082,943	26,498,757	.155914	.155914	.155914
40	ANESTHESIOLOGY	6,924,496	6,483,283	13,407,779	.036591	.036591	.036591
41	RADIOLOGY-DIAGNOSTIC	10,966,575	20,675,426	31,642,001	.252765	.252765	.252765
41 01	ULTRA SOUND	3,714,130	9,530,216	13,244,346	.122676	.122676	.122676
41 02	CAT SCAN	17,779,292	27,978,100	45,757,392	.049249	.049249	.049249
43	RADIOISOTOPE	3,288,939	9,193,579	12,482,518	.114206	.114206	.114206
44	LABORATORY	41,912,704	23,411,072	65,323,776	.196078	.196078	.196078
49	RESPIRATORY THERAPY	5,908,072	526,061	6,434,133	.344100	.344100	.344100
50	PHYSICAL THERAPY	6,383,496	7,697,823	14,081,319	.297778	.297778	.297778
53	ELECTROCARDIOLOGY	9,403,950	9,190,447	18,594,397	.096812	.096812	.096812
53 01	CARDIAC CATHETERIZATION LAB	14,780,972	5,679,057	20,460,029	.432677	.432677	.432677
53 02	TCU REHAB	1,894,443	116	1,894,559	.586930	.586930	.586930
55	MEDICAL SUPPLIES CHARGED	45,204,455	24,071,507	69,275,962	.125662	.125662	.125662
56	DRUGS CHARGED TO PATIENTS	70,944,549	20,386,281	91,330,830	.126732	.126732	.126732
57	RENAL DIALYSIS	1,721,050	42,636	1,763,686	.384183	.384183	.384183
59	MCCR						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,294,375	13,285,976	16,580,351	.200020	.200020	.200020
61	EMERGENCY	20,546,996	32,850,688	53,397,684	.185922	.185922	.185922
61 01	FAMILY PRACTICES		16,127,085	16,127,085	.850793	.850793	.850793
61 02	PSYCH DAY HOSPITAL		1,242,792	1,242,792	1.180225	1.180225	1.191493
61 03	CARDIAC REHAB	4,551	2,550,739	2,555,290	.676665	.676665	.676665
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		3,555,267	3,555,267	.298578	.298578	.298578
101	SUBTOTAL	472,841,037	278,429,499	751,270,536			
102	LESS OBSERVATION BEDS						
103	TOTAL	472,841,037	278,429,499	751,270,536			

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET C  
 I I TO 9/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	20,028,019	1,402,327	18,625,692			20,028,019
37	01 SAME DAY SURGERY	1,293,464	178,439	1,115,025			1,293,464
38	RECOVERY ROOM	1,491,140	147,331	1,343,809			1,491,140
39	DELIVERY ROOM & LABOR ROO	4,131,533	407,932	3,723,601			4,131,533
40	ANESTHESIOLOGY	490,608	18,119	472,489			490,608
41	RADIOLOGY-DIAGNOSTIC	7,997,979	1,061,928	6,936,051			7,997,979
41	01 ULTRA SOUND	1,624,770	24,689	1,600,081			1,624,770
41	02 CAT SCAN	2,253,491	128,671	2,124,820			2,253,491
43	RADIOISOTOPE	1,425,581	109,537	1,316,044			1,425,581
44	LABORATORY	12,808,530	1,072,427	11,736,103			12,808,530
49	RESPIRATORY THERAPY	2,213,988	129,586	2,084,402			2,213,988
50	PHYSICAL THERAPY	4,193,101	495,414	3,697,687			4,193,101
53	ELECTROCARDIOLOGY	1,800,168	127,380	1,672,788			1,800,168
53	01 CARDIAC CATHETERIZATION LAB	8,852,575	265,530	8,587,045			8,852,575
53	02 TCU REHAB	1,111,974	134,526	977,448			1,111,974
55	MEDICAL SUPPLIES CHARGED	8,705,387	281,827	8,423,560			8,705,387
56	DRUGS CHARGED TO PATIENTS	11,574,508	363,002	11,211,506			11,574,508
57	RENAL DIALYSIS	677,578	20,271	657,307			677,578
59	MCCR	47,763	833	46,930			47,763
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,316,401	372,063	2,944,338			3,316,401
61	EMERGENCY	9,837,746	754,796	9,082,950			9,837,746
61	01 FAMILY PRACTICES	13,615,427	724,226	12,891,201			13,615,427
61	02 PSYCH DAY HOSPITAL	1,466,774	627,866	838,908			1,466,774
61	03 CARDIAC REHAB	1,729,076	362,215	1,366,861			1,729,076
61	05 CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS	1,061,523	114,761	946,762			1,061,523
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	123,749,104	9,325,696	114,423,408			123,749,104
102	LESS OBSERVATION BEDS	1,061,523	114,761	946,762			1,061,523
103	TOTAL	122,687,581	9,210,935	113,476,646			122,687,581

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET C  
 I I TO 9/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	72,477,817	.276333	.276333
37 01	SAME DAY SURGERY	431,933	2.994594	2.994594
38	RECOVERY ROOM	14,174,572	.105198	.105198
39	DELIVERY ROOM & LABOR ROO	26,498,757	.155914	.155914
40	ANESTHESIOLOGY	13,407,779	.036591	.036591
41	RADIOLOGY-DIAGNOSTIC	31,642,001	.252765	.252765
41 01	ULTRA SOUND	13,244,346	.122676	.122676
41 02	CAT SCAN	45,757,392	.049249	.049249
43	RADIOISOTOPE	12,482,518	.114206	.114206
44	LABORATORY	65,323,776	.196078	.196078
49	RESPIRATORY THERAPY	6,434,133	.344100	.344100
50	PHYSICAL THERAPY	14,081,319	.297778	.297778
53	ELECTROCARDIOLOGY	18,594,397	.096812	.096812
53 01	CARDIAC CATHETERIZATION LAB	20,460,029	.432677	.432677
53 02	TCU REHAB	1,894,559	.586930	.586930
55	MEDICAL SUPPLIES CHARGED	69,275,962	.125662	.125662
56	DRUGS CHARGED TO PATIENTS	91,330,830	.126732	.126732
57	RENAL DIALYSIS	1,763,686	.384183	.384183
59	MCCR			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	16,580,351	.200020	.200020
61	EMERGENCY	53,397,684	.184235	.184235
61 01	FAMILY PRACTICES	16,127,085	.844258	.844258
61 02	PSYCH DAY HOSPITAL	1,242,792	1.180225	1.180225
61 03	CARDIAC REHAB	2,555,290	.676665	.676665
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DIS	3,555,267	.298578	.298578
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	612,734,275		
102	LESS OBSERVATION BEDS	3,555,267		
103	TOTAL	609,179,008		

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

\*\*NOT A CMS WORKSHEET \*\* (09/2000)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET C  
 I I TO 9/30/2008 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	20,388,283	1,402,327	18,985,956	140,233	1,101,185	19,146,865
37	01 SAME DAY SURGERY	1,293,464	178,439	1,115,025	17,844	64,671	1,210,949
38	RECOVERY ROOM	1,491,140	147,331	1,343,809	14,733	77,941	1,398,466
39	DELIVERY ROOM & LABOR ROO	4,131,533	407,932	3,723,601	40,793	215,969	3,874,771
40	ANESTHESIOLOGY	490,608	18,119	472,489	1,812	27,404	461,392
41	01 RADIOLOGY-DIAGNOSTIC	7,997,979	1,061,928	6,936,051	106,193	402,291	7,489,495
41	01 ULTRA SOUND	1,624,770	24,689	1,600,081	2,469	92,805	1,529,496
41	02 CAT SCAN	2,253,491	128,671	2,124,820	12,867	123,240	2,117,384
43	RADIOISOTOPE	1,425,581	109,537	1,316,044	10,954	76,331	1,338,296
44	LABORATORY	12,808,530	1,072,427	11,736,103	107,243	680,694	12,020,593
49	RESPIRATORY THERAPY	2,213,988	129,586	2,084,402	12,959	120,895	2,080,134
50	PHYSICAL THERAPY	4,193,101	495,414	3,697,687	49,541	214,466	3,929,094
53	ELECTROCARDIOLOGY	1,800,168	127,380	1,672,788	12,738	97,022	1,690,408
53	01 CARDIAC CATHERIZATION LAB	8,852,575	265,530	8,587,045	26,553	498,049	8,327,973
53	02 TCU REHAB	1,111,974	134,526	977,448	13,453	56,692	1,041,829
55	MEDICAL SUPPLIES CHARGED	8,705,387	281,827	8,423,560	28,183	488,566	8,188,638
56	DRUGS CHARGED TO PATIENTS	11,574,508	363,002	11,211,506	36,300	650,267	10,887,941
57	RENAL DIALYSIS	677,578	20,271	657,307	2,027	38,124	637,427
59	MCCR	47,763	833	46,930	83	2,722	44,958
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,316,401	372,063	2,944,338	37,206	170,772	3,108,423
61	EMERGENCY	9,927,812	754,796	9,173,016	75,480	532,035	9,320,297
61	01 FAMILY PRACTICES	13,720,804	724,226	12,996,578	72,423	753,802	12,894,579
61	02 PSYCH DAY HOSPITAL	1,466,774	627,866	838,908	62,787	48,657	1,355,330
61	03 CARDIAC REHAB	1,729,076	362,215	1,366,861	36,222	79,278	1,613,576
61	05 CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,061,523	114,761	946,762	11,476	54,912	995,135
101	SUBTOTAL	124,304,811	9,325,696	114,979,115	932,572	6,668,790	116,703,449
102	LESS OBSERVATION BEDS	1,061,523	114,761	946,762	11,476	54,912	995,135
103	TOTAL	123,243,288	9,210,935	114,032,353	921,096	6,613,878	115,708,314

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET C  
 I TO 9/30/2008 I PART II

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	72,477,817	.264176	.279369
37 01	SAME DAY SURGERY	431,933	2.803557	2.953282
38	RECOVERY ROOM	14,174,572	.098660	.104159
39	DELIVERY ROOM & LABOR ROO	26,498,757	.146225	.154375
40	ANESTHESIOLOGY	13,407,779	.034412	.036456
41	RADIOLOGY-DIAGNOSTIC	31,642,001	.236695	.249409
41 01	ULTRA SOUND	13,244,346	.115483	.122490
41 02	CAT SCAN	45,757,392	.046274	.048967
43	RADIOISOTOPE	12,482,518	.107214	.113329
44	LABORATORY	65,323,776	.184016	.194436
49	RESPIRATORY THERAPY	6,434,133	.323297	.342086
50	PHYSICAL THERAPY	14,081,319	.279029	.294259
53	ELECTROCARDIOLOGY	18,594,397	.090910	.096127
53 01	CARDIAC CATHERIZATION LAB	20,460,029	.407036	.431379
53 02	TCU REHAB	1,894,559	.549906	.579829
55	MEDICAL SUPPLIES CHARGED	69,275,962	.118203	.125256
56	DRUGS CHARGED TO PATIENTS	91,330,830	.119214	.126334
57	RENAL DIALYSIS	1,763,686	.361418	.383034
59	MCCR			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	16,580,351	.187476	.197776
61	EMERGENCY	53,397,684	.174545	.184509
61 01	FAMILY PRACTICES	16,127,085	.799560	.846302
61 02	PSYCH DAY HOSPITAL	1,242,792	1.090553	1.129704
61 03	CARDIAC REHAB	2,555,290	.631465	.662490
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DIS	3,555,267	.279904	.295350
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	612,734,275		
102	LESS OBSERVATION BEDS	3,555,267		
103	TOTAL	609,179,008		

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
 I I TO 9/30/2008 I PART I

## TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				4,361,230		4,361,230
27	INTENSIVE CARE UNIT				480,716		480,716
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER				646,226		646,226
33	NURSERY				192,974		192,974
101	TOTAL				5,681,146		5,681,146

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(09/1997)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
 I I TO 9/30/2008 I PART I  
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	61,374	23,413			71.06	1,663,728
26	INTENSIVE CARE UNIT	5,130	2,337			93.71	219,000
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	6,653	5,031			97.13	488,661
33	NURSERY	4,200				45.95	
101	TOTAL	77,357	30,781				2,371,389

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2008	I	PART II
I	14-0054	I		I	

PPS

TITLE XVIII, PART A		HOSPITAL							
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL			
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO	COSTS		
		1	2	3	4	5	6		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM		1,402,327	72,477,817	12,019,197				
37 01	SAME DAY SURGERY		178,439	431,933	1,797				
38	RECOVERY ROOM		147,331	14,174,572	1,865,405				
39	DELIVERY ROOM & LABOR ROO		407,932	26,498,757	27,973				
40	ANESTHESIOLOGY		18,119	13,407,779	1,938,079				
41	RADIOLOGY-DIAGNOSTIC		1,061,928	31,642,001	3,573,039				
41 01	ULTRA SOUND		24,689	13,244,346	1,715,289				
41 02	CAT SCAN		128,671	45,757,392	8,081,176				
43	RADIOISOTOPE		109,537	12,482,518	1,326,611				
44	LABORATORY		1,072,427	65,323,776	17,360,732				
49	RESPIRATORY THERAPY		129,586	6,434,133	2,642,622				
50	PHYSICAL THERAPY		495,414	14,081,319	3,486,529				
53	ELECTROCARDIOLOGY		127,380	18,594,397	4,566,320				
53 01	CARDIAC CATHERIZATION LAB		265,530	20,460,029	6,732,621				
53 02	TCU REHAB		134,526	1,894,559					
55	MEDICAL SUPPLIES CHARGED		281,827	69,275,962	16,869,932				
56	DRUGS CHARGED TO PATIENTS		363,002	91,330,830	25,361,902				
57	RENAL DIALYSIS		20,271	1,763,686	1,073,704				
59	MCCR		833						
	OUTPAT SERVICE COST CNTRS								
60	CLINIC		372,063	16,580,351	1,314,153				
61	EMERGENCY		754,796	53,397,684	8,409,018				
61 01	FAMILY PRACTICES		724,226	16,127,085					
61 02	PSYCH DAY HOSPITAL		627,866	1,242,792					
61 03	CARDIAC REHAB		362,215	2,555,290	1,131				
61 05	CANCER CENTER								
62	OBSERVATION BEDS (NON-DIS		114,761	3,555,267					
	OTHER REIMBURS COST CNTRS								
101	TOTAL		9,325,696	612,734,275	118,367,230				



## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2008	I	PART II
I	14-0054	I		I	

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.019348	232,547
37 01	SAME DAY SURGERY	.413117	742
38	RECOVERY ROOM	.010394	19,389
39	DELIVERY ROOM & LABOR ROO	.015394	431
40	ANESTHESIOLOGY	.001351	2,618
41	RADIOLOGY-DIAGNOSTIC	.033561	119,915
41 01	ULTRA SOUND	.001864	3,197
41 02	CAT SCAN	.002812	22,724
43	RADIOISOTOPE	.008775	11,641
44	LABORATORY	.016417	285,011
49	RESPIRATORY THERAPY	.020140	53,222
50	PHYSICAL THERAPY	.035182	122,663
53	ELECTROCARDIOLOGY	.006850	31,279
53 01	CARDIAC CATHETERIZATION LAB	.012978	87,376
53 02	TCU REHAB	.071006	
55	MEDICAL SUPPLIES CHARGED	.004068	68,627
56	DRUGS CHARGED TO PATIENTS	.003975	100,814
57	RENAL DIALYSIS	.011494	12,341
59	MCCR		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.022440	29,490
61	EMERGENCY	.014135	118,861
61 01	FAMILY PRACTICES	.044907	
61 02	PSYCH DAY HOSPITAL	.505206	
61 03	CARDIAC REHAB	.141751	160
61 05	CANCER CENTER		
62	OBSERVATION BEDS (NON-DIS	.032279	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,323,048

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)  
I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
I I TO 9/30/2008 I PART III  
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS					61,374	
27	INTENSIVE CARE UNIT					5,130	
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER					6,653	
34	NURSERY					4,200	
101	SKILLED NURSING FACILITY					12,654	
	TOTAL					90,011	

Health Financial Systems      MCRIF32      FOR MACNEAL HOSPITAL

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)

I	PROVIDER NO:	I PERIOD:	I PREPARED	2/19/2009
I	14-0054	I FROM 10/ 1/2007	I WORKSHEET D	
I		I TO 9/30/2008	I PART III	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	23,413	
26	INTENSIVE CARE UNIT	2,337	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	5,031	
33	NURSERY		
34	SKILLED NURSING FACILITY	8,303	
101	TOTAL	39,084	

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2008 I PART IV  
 I 14-0054 I

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM						
38	01 SAME DAY SURGERY						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	01 RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
43	02 CAT SCAN						
44	RADIOISOTOPE						
49	LABORATORY						
50	RESPIRATORY THERAPY						
53	PHYSICAL THERAPY						
53	01 ELECTROCARDIOLOGY						
53	01 CARDIAC CATHERIZATION LAB						
55	02 TCU REHAB						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
59	RENAL DIALYSIS						
60	MCCR						
61	OUTPAT SERVICE COST CNTRS						
61	01 CLINIC						
61	01 EMERGENCY						
61	01 FAMILY PRACTICES						
61	02 PSYCH DAY HOSPITAL						
61	03 CARDIAC REHAB						
62	05 CANCER CENTER						
101	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM			72,477,817			12,019,197	
38	01 SAME DAY SURGERY			431,933			1,797	
38	RECOVERY ROOM			14,174,572			1,865,405	
39	DELIVERY ROOM & LABOR ROO			26,498,757			27,973	
40	ANESTHESIOLOGY			13,407,779			1,938,079	
41	RADIOLOGY-DIAGNOSTIC			31,642,001			3,573,039	
41	01 ULTRA SOUND			13,244,346			1,715,289	
41	02 CAT SCAN			45,757,392			8,081,176	
43	RADIOISOTOPE			12,482,518			1,326,611	
44	LABORATORY			65,323,776			17,360,732	
49	RESPIRATORY THERAPY			6,434,133			2,642,622	
50	PHYSICAL THERAPY			14,081,319			3,486,529	
53	ELECTROCARDIOLOGY			18,594,397			4,566,320	
53	01 CARDIAC CATHETERIZATION LAB			20,460,029			6,732,621	
53	02 TCU REHAB			1,894,559				
55	MEDICAL SUPPLIES CHARGED			69,275,962			16,869,932	
56	DRUGS CHARGED TO PATIENTS			91,330,830			25,361,902	
57	RENAL DIALYSIS			1,763,686			1,073,704	
59	MCCR							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			16,580,351			1,314,153	
61	EMERGENCY			53,397,684			8,409,018	
61	01 FAMILY PRACTICES			16,127,085				
61	02 PSYCH DAY HOSPITAL			1,242,792				
61	03 CARDIAC REHAB			2,555,290			1,131	
61	05 CANCER CENTER							
62	OBSERVATION BEDS (NON-DIS			3,555,267				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			612,734,275			118,367,230	

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2008 I PART IV  
 I 14-0054 I  
 PPS

TITLE XVIII, PART A		HOSPITAL							
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02		
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5		
		8	8.01	8.02	9	9.01	9.02		
37	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	6,808,934							
37 01	SAME DAY SURGERY	57,720							
38	RECOVERY ROOM	1,915,545							
39	DELIVERY ROOM & LABOR ROO	444							
40	ANESTHESIOLOGY	1,418,788							
41	RADIOLOGY-DIAGNOSTIC	2,434,846							
41 01	ULTRA SOUND	1,046,597							
41 02	CAT SCAN	5,230,130							
43	RADIOISOTOPE	1,919,190							
44	LABORATORY	895,574							
49	RESPIRATORY THERAPY	109,190							
50	PHYSICAL THERAPY	75,858							
53	ELECTROCARDIOLOGY	2,021,626							
53 01	CARDIAC CATHERIZATION LAB	755,156							
53 02	TCU REHAB								
55	MEDICAL SUPPLIES CHARGED	5,329,574							
56	DRUGS CHARGED TO PATIENTS	4,241,902							
57	RENAL DIALYSIS	21,001							
59	MCCR								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC	2,280,288							
61	EMERGENCY	2,819,002							
61 01	FAMILY PRACTICES								
61 02	PSYCH DAY HOSPITAL	104,313							
61 03	CARDIAC REHAB	847,961							
61 05	CANCER CENTER								
62	OBSERVATION BEDS (NON-DIS	716,497							
	OTHER REIMBURS COST CNTRS								
101	TOTAL	41,050,136							

## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2008 I PART V  
 I 14-0054 I I

## TITLE XVIII, PART B

## HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.276333	.276333			
37 01 SAME DAY SURGERY	2.994594	2.994594			
38 RECOVERY ROOM	.105198	.105198			
39 DELIVERY ROOM & LABOR ROOM	.155914	.155914			
40 ANESTHESIOLOGY	.036591	.036591			
41 RADIOLOGY-DIAGNOSTIC	.252765	.252765			
41 01 ULTRA SOUND	.122676	.122676			
41 02 CAT SCAN	.049249	.049249			
43 RADIOISOTOPE	.114206	.114206			
44 LABORATORY	.196078	.196078			
49 RESPIRATORY THERAPY	.344100	.344100			
50 PHYSICAL THERAPY	.297778	.297778			
53 ELECTROCARDIOLOGY	.096812	.096812			
53 01 CARDIAC CATHETERIZATION LABORATORY	.432677	.432677			
53 02 TCU REHAB	.586930	.586930			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.125662	.125662			
56 DRUGS CHARGED TO PATIENTS	.126732	.126732			
57 RENAL DIALYSIS	.384183	.384183			
59 MCCR					
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.200020	.200020			
61 EMERGENCY	.184235	.184235			
61 01 FAMILY PRACTICES	.844258	.844258			
61 02 PSYCH DAY HOSPITAL	1.180225	1.180225			
61 03 CARDIAC REHAB	.676665	.676665			
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.298578	.298578			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET D
I COMPONENT NO:	I TO 9/30/2008	I PART V
I 14-0054	I	I

TITLE XVIII, PART B

HOSPITAL

		All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		6,808,934			
37 01	SAME DAY SURGERY		57,720			
38	RECOVERY ROOM		1,915,545			
39	DELIVERY ROOM & LABOR ROOM		444			
40	ANESTHESIOLOGY		1,418,788			
41	RADIOLOGY-DIAGNOSTIC		2,434,846			
41 01	ULTRA SOUND		1,046,597			
41 02	CAT SCAN		5,230,130			
43	RADIOISOTOPE		1,919,190			
44	LABORATORY		895,574			
49	RESPIRATORY THERAPY		109,190			
50	PHYSICAL THERAPY		75,858			
53	ELECTROCARDIOLOGY		2,021,626			
53 01	CARDIAC CATHORIZATION LABORATORY		755,156			
53 02	TCU REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,329,574			
56	DRUGS CHARGED TO PATIENTS		4,241,902			
57	RENAL DIALYSIS		21,001			
59	MCCR					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		2,280,288			
61	EMERGENCY		2,819,002			
61 01	FAMILY PRACTICES					
61 02	PSYCH DAY HOSPITAL		104,313			
61 03	CARDIAC REHAB		847,961			
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DISTINCT PART)		716,497			
101	SUBTOTAL		41,050,136			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		41,050,136			



## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2008 I PART V  
 I 14-0054 I

## TITLE XVIII, PART B

## HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,881,533	
37 01 SAME DAY SURGERY				172,848	
38 RECOVERY ROOM				201,512	
39 DELIVERY ROOM & LABOR ROOM				69	
40 ANESTHESIOLOGY				51,915	
41 RADIOLOGY-DIAGNOSTIC				615,444	
41 01 ULTRA SOUND				128,392	
41 02 CAT SCAN				257,579	
43 RADIOISOTOPE				219,183	
44 LABORATORY				175,602	
49 RESPIRATORY THERAPY				37,572	
50 PHYSICAL THERAPY				22,589	
53 ELECTROCARDIOLOGY				195,718	
53 01 CARDIAC CATHETERIZATION LABORATORY				326,739	
53 02 TCU REHAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				669,725	
56 DRUGS CHARGED TO PATIENTS				537,585	
57 RENAL DIALYSIS				8,068	
59 MCCR					
OUTPAT SERVICE COST CNTRS					
60 CLINIC				456,103	
61 EMERGENCY				519,359	
61 01 FAMILY PRACTICES					
61 02 PSYCH DAY HOSPITAL				123,113	
61 03 CARDIAC REHAB				573,786	
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)				213,930	
101 SUBTOTAL				7,388,364	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				7,388,364	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2008	I	PART V
I	14-0054	I		I	

TITLE XVIII, PART B

HOSPITAL

PPS Services  
1/1 to FYEHospital I/P  
Part B ChargesHospital I/P  
Part B Costs

Cost Center Description

9.03

10

11

(A) ANCILLARY SRVC COST CNTRS  
 37 OPERATING ROOM  
 37 01 SAME DAY SURGERY  
 38 RECOVERY ROOM  
 39 DELIVERY ROOM & LABOR ROOM  
 40 ANESTHESIOLOGY  
 41 RADIOLOGY-DIAGNOSTIC  
 41 01 ULTRA SOUND  
 41 02 CAT SCAN  
 43 RADIOISOTOPE  
 44 LABORATORY  
 49 RESPIRATORY THERAPY  
 50 PHYSICAL THERAPY  
 53 ELECTROCARDIOLOGY  
 53 01 CARDIAC CATHETERIZATION LABORATORY  
 53 02 TCU REHAB  
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS  
 56 DRUGS CHARGED TO PATIENTS  
 57 RENAL DIALYSIS  
 59 MCCR  
 OUTPAT SERVICE COST CNTRS  
 60 CLINIC  
 61 EMERGENCY  
 61 01 FAMILY PRACTICES  
 61 02 PSYCH DAY HOSPITAL  
 61 03 CARDIAC REHAB  
 61 05 CANCER CENTER  
 62 OBSERVATION BEDS (NON-DISTINCT PART)  
 101 SUBTOTAL  
 102 CRNA CHARGES  
 103 LESS PBP CLINIC LAB SVCS-  
 PROGRAM ONLY CHARGES  
 104 NET CHARGES

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 9/30/2008	I	PART II	
I	14-S054	I		I		

## TITLE XVIII, PART A

## SUBPROVIDER 1

## TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,402,327	72,477,817	11,781		
37 01	SAME DAY SURGERY		178,439	431,933			
38	RECOVERY ROOM		147,331	14,174,572	33,458		
39	DELIVERY ROOM & LABOR ROO		407,932	26,498,757			
40	ANESTHESIOLOGY		18,119	13,407,779	22,085		
41	RADIOLOGY-DIAGNOSTIC		1,061,928	31,642,001	42,466		
41 01	ULTRA SOUND		24,689	13,244,346	11,167		
41 02	CAT SCAN		128,671	45,757,392	111,198		
43	RADIOISOTOPE		109,537	12,482,518	6,564		
44	LABORATORY		1,072,427	65,323,776	475,917		
49	RESPIRATORY THERAPY		129,586	6,434,133	5,330		
50	PHYSICAL THERAPY		495,414	14,081,319	63,970		
53	ELECTROCARDIOLOGY		127,380	18,594,397	52,601		
53 01	CARDIAC CATHETERIZATION LAB		265,530	20,460,029			
53 02	TCU REHAB		134,526	1,894,559			
55	MEDICAL SUPPLIES CHARGED		281,827	69,275,962	55,550		
56	DRUGS CHARGED TO PATIENTS		363,002	91,330,830	618,811		
57	RENAL DIALYSIS		20,271	1,763,686	26,911		
59	MCCR		833				
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		372,063	16,580,351	1,560		
61	EMERGENCY		754,796	53,397,684	336,955		
61 01	FAMILY PRACTICES		724,226	16,127,085			
61 02	PSYCH DAY HOSPITAL		627,866	1,242,792			
61 03	CARDIAC REHAB		362,215	2,555,290			
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS		114,761	3,555,267			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,325,696	612,734,275	1,876,324		

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

## TITLE XVIII, PART A

## SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.019348	228
37 01	SAME DAY SURGERY	.413117	
38	RECOVERY ROOM	.010394	348
39	DELIVERY ROOM & LABOR ROO	.015394	
40	ANESTHESIOLOGY	.001351	30
41	RADIOLOGY-DIAGNOSTIC	.033561	1,425
41 01	ULTRA SOUND	.001864	21
41 02	CAT SCAN	.002812	313
43	RADIOISOTOPE	.008775	58
44	LABORATORY	.016417	7,813
49	RESPIRATORY THERAPY	.020140	107
50	PHYSICAL THERAPY	.035182	2,251
53	ELECTROCARDIOLOGY	.006850	360
53 01	CARDIAC CATHERIZATION LAB	.012978	
53 02	TCU REHAB	.071006	
55	MEDICAL SUPPLIES CHARGED	.004068	226
56	DRUGS CHARGED TO PATIENTS	.003975	2,460
57	RENAL DIALYSIS	.011494	309
59	MCCR		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.022440	35
61	EMERGENCY	.014135	4,763
61 01	FAMILY PRACTICES	.044907	
61 02	PSYCH DAY HOSPITAL	.505206	
61 03	CARDIAC REHAB	.141751	
61 05	CANCER CENTER		
62	OBSERVATION BEDS (NON-DIS	.032279	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		20,747

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET D
I COMPONENT NO:	I TO 9/30/2008	I PART II
I 14-S054	I	I

TEFRA

IN LIEU OF FORM CMS-2552-96(04/2005)

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	SAME DAY SURGERY					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	ULTRA SOUND					
41 02	CAT SCAN					
43	RADIOISOTOPE					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
53 01	CARDIAC CATHETERIZATION LAB					
53 02	TCU REHAB					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	MCCR					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
61 01	FAMILY PRACTICES					
61 02	PSYCH DAY HOSPITAL					
61 03	CARDIAC REHAB					
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2008 I PART IV  
 I 14-S054 I I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			72,477,817			11,781	
37	OPERATING ROOM			431,933				
38	01 SAME DAY SURGERY			14,174,572			33,458	
39	RECOVERY ROOM			26,498,757				
40	DELIVERY ROOM & LABOR ROO			13,407,779			22,085	
41	ANESTHESIOLOGY			31,642,001			42,466	
41	RADIOLOGY-DIAGNOSTIC			13,244,346			11,167	
41	01 ULTRA SOUND			45,757,392			111,198	
43	CAT SCAN			12,482,518			6,564	
44	RADIOISOTOPE			65,323,776			475,917	
49	LABORATORY			6,434,133			5,330	
50	RESPIRATORY THERAPY			14,081,319			63,970	
53	PHYSICAL THERAPY			18,594,397			52,601	
53	ELECTROCARDIOLOGY			20,460,029				
53	01 CARDIAC CATHERIZATION LAB			1,894,559			55,550	
55	TCU REHAB			69,275,962			618,811	
56	MEDICAL SUPPLIES CHARGED			91,330,830			26,911	
57	DRUGS CHARGED TO PATIENTS			1,763,686				
59	RENAL DIALYSIS							
59	MCCR							
60	OUTPUT SERVICE COST CNTRS							
61	CLINIC			16,580,351			1,560	
61	EMERGENCY			53,397,684			336,955	
61	01 FAMILY PRACTICES			16,127,085				
61	02 PSYCH DAY HOSPITAL			1,242,792				
61	03 CARDIAC REHAB			2,555,290				
61	05 CANCER CENTER							
62	OBSERVATION BEDS (NON-DIS			3,555,267				
101	OTHER REIMBURS COST CNTRS							
101	TOTAL			612,734,275			1,876,324	

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM	1,050					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,400					
41	RADIOLOGY-DIAGNOSTIC	2,738					
41 01	ULTRA SOUND	1,514					
41 02	CAT SCAN	6,379					
43	RADIOISOTOPE	4,554					
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	486					
53	ELECTROCARDIOLOGY	4,668					
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED	1,440					
56	DRUGS CHARGED TO PATIENTS	3,594					
57	RENAL DIALYSIS						
59	MCCR						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,911					
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL	39,229					
61 03	CARDIAC REHAB	236					
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS	1,800					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	71,999					

## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0054	I FROM 10/ 1/2007	I 2/19/2009
I COMPONENT NO:	I TO 9/30/2008	I WORKSHEET D
I 14-S054	I	I PART V

## TITLE XVIII, PART B

## SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.276333	.276333			
37 01 SAME DAY SURGERY	2.994594	2.994594			
38 RECOVERY ROOM	.105198	.105198			
39 DELIVERY ROOM & LABOR ROOM	.155914	.155914			
40 ANESTHESIOLOGY	.036591	.036591			
41 RADIOLOGY-DIAGNOSTIC	.252765	.252765			
41 01 ULTRA SOUND	.122676	.122676			
41 02 CAT SCAN	.049249	.049249			
43 RADIOISOTOPE	.114206	.114206			
44 LABORATORY	.196078	.196078			
49 RESPIRATORY THERAPY	.344100	.344100			
50 PHYSICAL THERAPY	.297778	.297778			
53 ELECTROCARDIOLOGY	.096812	.096812			
53 01 CARDIAC CATHETERIZATION LABORATORY	.432677	.432677			
53 02 TCU REHAB	.586930	.586930			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.125662	.125662			
56 DRUGS CHARGED TO PATIENTS	.126732	.126732			
57 RENAL DIALYSIS	.384183	.384183			
59 MCCR					
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.200020	.200020			
61 EMERGENCY	.184235	.184235			
61 01 FAMILY PRACTICES	.844258	.844258			
61 02 PSYCH DAY HOSPITAL	1.180225	1.180225			
61 03 CARDIAC REHAB	.676665	.676665			
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.298578	.298578			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					



## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2008	I	PART V
I	14-S054	I		I	

## TITLE XVIII, PART B

## SUBPROVIDER 1

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37	01 SAME DAY SURGERY					
38	RECOVERY ROOM		1,050			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		1,400			
41	RADIOLOGY-DIAGNOSTIC		2,738			
41	01 ULTRA SOUND		1,514			
41	02 CAT SCAN		6,379			
43	RADIOISOTOPE		4,554			
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY		486			
53	ELECTROCARDIOLOGY		4,668			
53	01 CARDIAC CATHETERIZATION LABORATORY					
53	02 TCU REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,440			
56	DRUGS CHARGED TO PATIENTS		3,594			
57	RENAL DIALYSIS					
59	MCCR					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		2,911			
61	01 FAMILY PRACTICES					
61	02 PSYCH DAY HOSPITAL		39,229			
61	03 CARDIAC REHAB		236			
61	05 CANCER CENTER					
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,800			
101	SUBTOTAL		71,999			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		71,999			

## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 9/30/2008	I	PART V
I	14-S054	I		I	

## TITLE XVIII, PART B

## SUBPROVIDER 1

Cost Center Description	7 Outpatient Radiology	8 Other Outpatient Diagnostic	9 All Other	9.01 PPS Services FYB to 12/31	9.02 Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 SAME DAY SURGERY					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM				110	
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				51	
41 01 ULTRA SOUND				692	
41 02 CAT SCAN				186	
43 RADIOISOTOPE				314	
44 LABORATORY				520	
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				145	
53 01 CARDIAC CATHETERIZATION LABORATORY				452	
53 02 TCU REHAB					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				181	
56 DRUGS CHARGED TO PATIENTS				455	
57 RENAL DIALYSIS					
59 MCCR					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				536	
61 01 FAMILY PRACTICES					
61 02 PSYCH DAY HOSPITAL				46,299	
61 03 CARDIAC REHAB				160	
61 05 CANCER CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)				537	
101 SUBTOTAL				50,638	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				50,638	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 9/30/2008	I	PART V	
I	14-S054	I		I		

TITLE XVIII, PART B

SUBPROVIDER 1

PPS Services  
1/1 to FYEHospital I/P  
Part B ChargesHospital I/P  
Part B Costs

Cost Center Description

9.03

10

11

(A) ANCILLARY SRVC COST CNTRS  
 37 OPERATING ROOM  
 37 01 SAME DAY SURGERY  
 38 RECOVERY ROOM  
 39 DELIVERY ROOM & LABOR ROOM  
 40 ANESTHESIOLOGY  
 41 RADIOLOGY-DIAGNOSTIC  
 41 01 ULTRA SOUND  
 41 02 CAT SCAN  
 43 RADIOISOTOPE  
 44 LABORATORY  
 49 RESPIRATORY THERAPY  
 50 PHYSICAL THERAPY  
 53 ELECTROCARDIOLOGY  
 53 01 CARDIAC CATHETERIZATION LABORATORY  
 53 02 TCU REHAB  
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS  
 56 DRUGS CHARGED TO PATIENTS  
 57 RENAL DIALYSIS  
 59 MCCR  
 OUTPAT SERVICE COST CNTRS  
 60 CLINIC  
 61 EMERGENCY  
 61 01 FAMILY PRACTICES  
 61 02 PSYCH DAY HOSPITAL  
 61 03 CARDIAC REHAB  
 61 05 CANCER CENTER  
 62 OBSERVATION BEDS (NON-DISTINCT PART)  
 101 SUBTOTAL  
 102 CRNA CHARGES  
 103 LESS PBP CLINIC LAB SVCS-  
 PROGRAM ONLY CHARGES  
 104 NET CHARGES

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 9/30/2008	I	PART II	
I	14-5848	I		I		

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO
		1	2	3	4	5
						6
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
37 01	SAME DAY SURGERY					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	ULTRA SOUND					
41 02	CAT SCAN					
43	RADIOISOTOPE					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
53 01	CARDIAC CATHERIZATION LAB					
53 02	TCU REHAB					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	MCCR					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
61 01	FAMILY PRACTICES					
61 02	PSYCH DAY HOSPITAL					
61 03	CARDIAC REHAB					
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD  
I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
I COMPONENT NO: I TO 9/30/2008 I PART II  
I 14-5848 I

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
37 01	SAME DAY SURGERY	
38	RECOVERY ROOM	
39	DELIVERY ROOM & LABOR ROO	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
41 01	ULTRA SOUND	
41 02	CAT SCAN	
43	RADIOISOTOPE	
44	LABORATORY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
53	ELECTROCARDIOLOGY	
53 01	CARDIAC CATHERIZATION LAB	
53 02	TCU REHAB	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
57	RENAL DIALYSIS	
59	MCCR	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
61	EMERGENCY	
61 01	FAMILY PRACTICES	
61 02	PSYCH DAY HOSPITAL	
61 03	CARDIAC REHAB	
61 05	CANCER CENTER	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
101	TOTAL	

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(04/2005)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2008 I PART IV  
 I 14-5848 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	SAME DAY SURGERY					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	ULTRA SOUND					
41 02	CAT SCAN					
43	RADIOISOTOPE					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
53 01	CARDIAC CATHERIZATION LAB					
53 02	TCU REHAB					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	MCCR					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
61 01	FAMILY PRACTICES					
61 02	PSYCH DAY HOSPITAL					
61 03	CARDIAC REHAB					
61 05	CANCER CENTER					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			72,477,817			46,648	
37 01	SAME DAY SURGERY			431,933				
38	RECOVERY ROOM			14,174,572			1,982	
39	DELIVERY ROOM & LABOR ROO			26,498,757				
40	ANESTHESIOLOGY			13,407,779			1,753	
41	RADIOLOGY-DIAGNOSTIC			31,642,001			115,230	
41 01	ULTRA SOUND			13,244,346			52,648	
41 02	CAT SCAN			45,757,392			56,521	
43	RADIOISOTOPE			12,482,518			20,023	
44	LABORATORY			65,323,776			884,769	
49	RESPIRATORY THERAPY			6,434,133			125,528	
50	PHYSICAL THERAPY			14,081,319				
53	ELECTROCARDIOLOGY			18,594,397			38,170	
53 01	CARDIAC CATHERIZATION LAB			20,460,029				
53 02	TCU REHAB			1,894,559			1,257,177	
55	MEDICAL SUPPLIES CHARGED			69,275,962			113,210	
56	DRUGS CHARGED TO PATIENTS			91,330,830			2,362,806	
57	RENAL DIALYSIS			1,763,686				
59	MCCR							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			16,580,351			5,608	
61	EMERGENCY			53,397,684				
61 01	FAMILY PRACTICES			16,127,085				
61 02	PSYCH DAY HOSPITAL			1,242,792				
61 03	CARDIAC REHAB			2,555,290				
61 05	CANCER CENTER							
62	OBSERVATION BEDS (NON-DIS			3,555,267				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			612,734,275			5,082,073	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CAT SCAN						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHERIZATION LAB						
53 02	TCU REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	MCCR						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61 01	FAMILY PRACTICES						
61 02	PSYCH DAY HOSPITAL						
61 03	CARDIAC REHAB						
61 05	CANCER CENTER						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						



## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 9/30/2008	I	PART I
I	14-0054	I		I	

TITLE XVIII PART A

HOSPITAL

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	61,374
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	61,374
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61,374
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	23,413
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	40,340,785
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	40,340,785

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	103,647,203
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	103,647,203
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.389212
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,688.78
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	40,340,785

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 9/30/2008	I	PART II
I	14-0054	I		I	

## TITLE XVIII PART A

## HOSPITAL

## PPS

## PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	657.29
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15,389,131
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15,389,131

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	7,955,661	5,130	1,550.81	2,337
44	CORONARY CARE UNIT				3,624,243
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1
49	TOTAL PROGRAM INPATIENT COSTS				21,534,298
					40,547,672

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,882,728
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,323,048
52	TOTAL PROGRAM EXCLUDABLE COST	3,205,776
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	37,341,896

## TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

## PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 9/30/2008	I	PART III
I	14-0054	I		I	

## TITLE XVIII PART A

## HOSPITAL

## PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

## PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,615
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	657.29
85	OBSERVATION BED COST	1,061,523

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	40,340,785		1,061,523	
87	NEW CAPITAL-RELATED COST	40,340,785	.108110	1,061,523	114,761
88	NON PHYSICIAN ANESTHETIST	40,340,785		1,061,523	
89	MEDICAL EDUCATION	40,340,785		1,061,523	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 9/30/2008	I	PART I
I	14-S054	I		I	

TITLE XVIII PART A

SUBPROVIDER I

TEFRA

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,653
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,653
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,653
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,031
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,310,992
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,310,992

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,002,446
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,002,446
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.331552
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,954.37
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,310,992

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET D-1  
 I COMPONENT NO: I TO 9/30/2008 I PART II  
 I 14-S054 I

## TITLE XVIII PART A

## SUBPROVIDER I

## TEFRA

## PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	647.98
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,259,987
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,259,987

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1 303,339
49	TOTAL PROGRAM INPATIENT COSTS				3,563,326

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	488,661
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	20,747
52	TOTAL PROGRAM EXCLUDABLE COST	509,408
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,053,918

## TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	566
55	TARGET AMOUNT PER DISCHARGE	10,770.13
56	TARGET AMOUNT	6,095,894
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	3,041,976
58	BONUS PAYMENT	121,918
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	3,685,244
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

## PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 9/30/2008	I	PART III
I	14-S054	I		I	

TITLE XVIII PART A

SUBPROVIDER I

TEFRA

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST

67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

68 PROGRAM ROUTINE SERVICE COST

69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

72 PER DIEM CAPITAL-RELATED COSTS

73 PROGRAM CAPITAL-RELATED COSTS

74 INPATIENT ROUTINE SERVICE COST

75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION

77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION

78 INPATIENT ROUTINE SERVICE COST LIMITATION

79 REASONABLE INPATIENT ROUTINE SERVICE COSTS

80 PROGRAM INPATIENT ANCILLARY SERVICES

81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION

82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

## PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

85 OBSERVATION BED COST

647.98

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		4,310,992			
87 NEW CAPITAL-RELATED COST	646,226	4,310,992	.149902		
88 NON PHYSICIAN ANESTHETIST		4,310,992			
89 MEDICAL EDUCATION		4,310,992			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET D-1
I COMPONENT NO:	I TO 9/30/2008	I PART I
I 14-5848	I	I

TITLE XVIII PART A

SNF

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	12,654
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,654
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,654
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,303
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,243,188
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,243,188

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,355,952
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,355,952
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.747155
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	660.34
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,243,188

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 9/30/2008	I	PART III
I	14-5848	I		I	

TITLE XVIII PART A

SNF

PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1 6,243,188
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	493.38
68	PROGRAM ROUTINE SERVICE COST	4,096,534
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4,096,534
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	686,421
72	PER DIEM CAPITAL-RELATED COSTS	54.25
73	PROGRAM CAPITAL-RELATED COSTS	450,438
74	INPATIENT ROUTINE SERVICE COST	3,646,096
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	3,646,096
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	4,096,534
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,326,858
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	5,423,392

## PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 9/30/2008	I	
I	14-0054	I		I	

## TITLE XVIII, PART A

## HOSPITAL

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		37,414,605	
27	INTENSIVE CARE UNIT		6,161,100	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276333	12,019,197	3,321,301
37 01	SAME DAY SURGERY	2.994594	1,797	5,381
38	RECOVERY ROOM	.105198	1,865,405	196,237
39	DELIVERY ROOM & LABOR ROOM	.155914	27,973	4,361
40	ANESTHESIOLOGY	.036591	1,938,079	70,916
41	RADIOLOGY-DIAGNOSTIC	.252765	3,573,039	903,139
41 01	ULTRA SOUND	.122676	1,715,289	210,425
41 02	CAT SCAN	.049249	8,081,176	397,990
43	RADIOISOTOPE	.114206	1,326,611	151,507
44	LABORATORY	.196078	17,360,732	3,404,058
49	RESPIRATORY THERAPY	.344100	2,642,622	909,326
50	PHYSICAL THERAPY	.297778	3,486,529	1,038,212
53	ELECTROCARDIOLOGY	.098321	4,566,320	448,965
53 01	CARDIAC CATHETERIZATION LABORATORY	.432677	6,732,621	2,913,050
53 02	TCU REHAB	.586930		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.125662	16,869,932	2,119,909
56	DRUGS CHARGED TO PATIENTS	.126732	25,361,902	3,214,165
57	RENAL DIALYSIS	.384183	1,073,704	412,499
59	MCCR			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.200020	1,314,153	262,857
61	EMERGENCY	.184235	8,409,018	1,549,235
61 01	FAMILY PRACTICES	.844258		
61 02	PSYCH DAY HOSPITAL	1.191493		
61 03	CARDIAC REHAB	.676665	1,131	765
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.298578		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		118,367,230	21,534,298
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		118,367,230	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 9/30/2008	I	
I	14-S054	I		I	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		9,679,324	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276333	11,781	3,255
37 01	SAME DAY SURGERY	2.994594		
38	RECOVERY ROOM	.105198	33,458	3,520
39	DELIVERY ROOM & LABOR ROOM	.155914		
40	ANESTHESIOLOGY	.036591	22,085	808
41	RADIOLOGY-DIAGNOSTIC	.252765	42,466	10,734
41 01	ULTRA SOUND	.122676	11,167	1,370
41 02	CAT SCAN	.049249	111,198	5,476
43	RADIOISOTOPE	.114206	6,564	750
44	LABORATORY	.196078	475,917	93,317
49	RESPIRATORY THERAPY	.344100	5,330	1,834
50	PHYSICAL THERAPY	.297778	63,970	19,049
53	ELECTROCARDIOLOGY	.096812	52,601	5,092
53 01	CARDIAC CATHETERIZATION LABORATORY	.432677		
53 02	TCU REHAB	.586930		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.125662	55,550	6,981
56	DRUGS CHARGED TO PATIENTS	.126732	618,811	78,423
57	RENAL DIALYSIS	.384183	26,911	10,339
59	MCCR			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.200020	1,560	312
61	EMERGENCY	.184235	336,955	62,079
61 01	FAMILY PRACTICES	.844258		
61 02	PSYCH DAY HOSPITAL	1.180225		
61 03	CARDIAC REHAB	.676665		
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.298578		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,876,324	303,339
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		1,876,324	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET D-4
I COMPONENT NO:	I TO 9/30/2008	I
I 14-5848	I	I

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276333	46,648	12,890
37 01	SAME DAY SURGERY	2.994594		
38	RECOVERY ROOM	.105198	1,982	209
39	DELIVERY ROOM & LABOR ROOM	.155914		
40	ANESTHESIOLOGY	.036591	1,753	64
41	RADIOLOGY-DIAGNOSTIC	.252765	115,230	29,126
41 01	ULTRA SOUND	.122676	52,648	6,459
41 02	CAT SCAN	.049249	56,521	2,784
43	RADIOISOTOPE	.114206	20,023	2,287
44	LABORATORY	.196078	884,769	173,484
49	RESPIRATORY THERAPY	.344100	125,528	43,194
50	PHYSICAL THERAPY	.297778		
53	ELECTROCARDIOLOGY	.096812	38,170	3,695
53 01	CARDIAC CATHETERIZATION LABORATORY	.432677		
53 02	TCU REHAB	.586930	1,257,177	737,875
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.125662	113,210	14,226
56	DRUGS CHARGED TO PATIENTS	.126732	2,362,806	299,443
57	RENAL DIALYSIS	.384183		
59	MCCR			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	.200020	5,608	1,122
61	EMERGENCY	.184235		
61 01	FAMILY PRACTICES	.844258		
61 02	PSYCH DAY HOSPITAL	1.180225		
61 03	CARDIAC REHAB	.676665		
61 05	CANCER CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.298578		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,082,073	1,326,858
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,082,073	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET E
I COMPONENT NO:	I TO 9/30/2008	I PART A
I 14-0054	I	I

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

## HOSPITAL

## DESCRIPTION

1 1.01

## DRG AMOUNT

1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,348,503
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	28,022,048

## MANAGED CARE PATIENTS

1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2,383,278
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	6,997,704
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)	
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	280,004
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	243.71

## INDIRECT MEDICAL EDUCATION ADJUSTMENT

3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I	
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	60.12
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	

FOR CR PERIODS ENDING ON OR  
AFTER 7/1/2005  
E-3 PT 6 LN 15 PLUS LN 3.06

3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	60.12
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	62.02
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.	
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1	
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09	
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10	
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	60.12
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	60.12
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	60.12
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	60.12
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.246687
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.262281
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.246687
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	1,479,366
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	4,415,956
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	5,895,322

SUM OF LINES 3.21 - 3.23  
5,895,322 PLUS E-3, PT VI, LINE 23

5,895,322

## DISPROPORTIONATE SHARE ADJUSTMENT

4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.21
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	23.99
4.02 SUM OF LINES 4 AND 4.01	29.20
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	13.30
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,970,283

## ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES

5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.	
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317	
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET E
I COMPONENT NO:	I TO 9/30/2008	I PART A
I 14-0054	I	I

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

## HOSPITAL

## DESCRIPTION

1

1.01

5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	335.00
5.06 TOTAL ADDITIONAL PAYMENT	
6 SUBTOTAL (SEE INSTRUCTIONS)	48,516,160
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000	
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	48,516,160
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,742,698
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3,434,082
11.01 NURSING AND ALLIED HEALTH MANAGED CARE	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12 NET ORGAN ACQUISITION COST	
13 COST OF TEACHING PHYSICIANS	
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16 TOTAL	55,692,940
17 PRIMARY PAYER PAYMENTS	420,539
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	55,272,401
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,470,208
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	266,480
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	949,384
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	664,569
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	843,436
22 SUBTOTAL	52,200,282
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24 OTHER ADJUSTMENTS (SPECIFY)	
24.99 OUTLIER RECONCILIATION ADJUSTMENT	
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26 AMOUNT DUE PROVIDER	52,200,282
27 SEQUESTRATION ADJUSTMENT	
28 INTERIM PAYMENTS	51,399,044
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29 BALANCE DUE PROVIDER (PROGRAM)	801,238
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	4,192,996
----- FI ONLY -----	
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (04/2005)

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET E
I COMPONENT NO:	I TO 9/30/2008	I PART B
I 14-0054	I	I

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	7,388,364
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,732,443
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.860
1.04	LINE 1.01 TIMES LINE 1.03.	6,353,993
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,732,443
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,272,547
19	SUBTOTAL (SEE INSTRUCTIONS)	6,459,896
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	532,763
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,992,659
24	PRIMARY PAYER PAYMENTS	26,822
25	SUBTOTAL	6,965,837
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	365,291
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	255,704
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	315,318
28	SUBTOTAL	7,221,541
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	7,221,541
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,286,861
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-65,320
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (04/2005)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 9/30/2008	I	PART B	
I	14-S054	I		I		

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	50,638
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	29,894
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.860
1.04	LINE 1.01 TIMES LINE 1.03.	43,549
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	68.64
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	29,894
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	6,545
19	SUBTOTAL (SEE INSTRUCTIONS)	23,349
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	23,349
24	PRIMARY PAYER PAYMENTS	785
25	SUBTOTAL	22,564
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	22,564
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	22,564
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	22,562
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	2
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET E-1
I COMPONENT NO:	I TO 9/30/2008	I
I 14-0054	I	I

## TITLE XVIII HOSPITAL

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		50,467,378	7,287,978
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE	NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER .01	9/30/2008	931,666	
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51	9/30/2008		1,117
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99		931,666	-1,117
4 TOTAL INTERIM PAYMENTS		51,399,044	7,286,861
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			
SETTLEMENT TO PROVIDER .01			
SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.



## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET E-1  
 I COMPONENT NO: I TO 9/30/2008 I  
 I 14-S054 I I

## TITLE XVIII

## SUBPROVIDER 1

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.  
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

ADJUSTMENTS TO PROVIDER .01  
 ADJUSTMENTS TO PROVIDER .02  
 ADJUSTMENTS TO PROVIDER .03  
 ADJUSTMENTS TO PROVIDER .04  
 ADJUSTMENTS TO PROVIDER .05  
 ADJUSTMENTS TO PROGRAM .50  
 ADJUSTMENTS TO PROGRAM .51  
 ADJUSTMENTS TO PROGRAM .52  
 ADJUSTMENTS TO PROGRAM .53  
 ADJUSTMENTS TO PROGRAM .54  
 .99

NONE  
 3,593,367

NONE  
 22,562

SUBTOTAL  
 4 TOTAL INTERIM PAYMENTS

- TO BE COMPLETED BY INTERMEDIARY  
 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER .01  
 TENTATIVE TO PROVIDER .02  
 TENTATIVE TO PROVIDER .03  
 TENTATIVE TO PROGRAM .50  
 TENTATIVE TO PROGRAM .51  
 TENTATIVE TO PROGRAM .52  
 .99

NONE

NONE

SUBTOTAL  
 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01  
 BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02

7 TOTAL MEDICARE PROGRAM LIABILITY

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

- (1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)

I PROVIDER NO:	I PERIOD:	I PREPARED 2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET E-1
I COMPONENT NO:	I TO 9/30/2008	I
I 14-5848	I	I

## TITLE XVIII

SNF

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER

2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.

3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54
SUBTOTAL	.99

3,255,945

NONE

NONE

4 TOTAL INTERIM PAYMENTS

NONE

3,255,945

NONE

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52
SUBTOTAL	.99

6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01

BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02

7 TOTAL MEDICARE PROGRAM LIABILITY

NONE

NONE

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0054	I FROM 10/ 1/2007	I 2/19/2009
I COMPONENT NO:	I TO 9/30/2008	I WORKSHEET E-3
I 14-S054	I	I PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	3,685,244
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	921,311
1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03 MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05 OUTLIER PAYMENTS	
1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,786,413
1.09 NET IPF PPS OUTLIER PAYMENTS	27,301
1.10 NET IPF PPS ECT PAYMENTS	13,258
1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	18.177596
1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/L.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	
1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	2,826,972
1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	2,579,671
1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	1,934,753
1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	3,748,283
INPATIENT REHABILITATION FACILITY (IRF)	
1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/L.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$	
1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2 ORGAN ACQUISITION	
3 COST OF TEACHING PHYSICIANS	
4 SUBTOTAL (SEE INSTRUCTIONS)	3,748,283
5 PRIMARY PAYER PAYMENTS	
6 SUBTOTAL	3,748,283
7 DEDUCTIBLES	246,848
8 SUBTOTAL	3,501,435
9 COINSURANCE	104,624
10 SUBTOTAL	3,396,811
11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12 SUBTOTAL	3,396,811
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15 OTHER ADJUSTMENTS (SPECIFY)	
15.99 OUTLIER RECONCILIATION ADJUSTMENT	
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET E-3  
 I COMPONENT NO: I TO 9/30/2008 I PART I  
 I 14-S054 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
 SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS  
 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) 3,396,811  
 18 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 19 INTERIM PAYMENTS 3,593,367  
 19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 20 BALANCE DUE PROVIDER/PROGRAM -196,556  
 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

----- FI ONLY -----  
 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)  
 OR 1.09 (IPF).  
 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)  
 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE  
 OF MONEY. (SEE INSTRUCTIONS).  
 53 ENTER THE TIME VALUE OF MONEY.

## CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

I PROVIDER NO:	I PERIOD:	I PREPARED	2/19/2009
I 14-0054	I FROM 10/ 1/2007	I WORKSHEET	E-3
I COMPONENT NO:	I TO 9/30/2008	I PART	III
I 14-5848	I	I	

## PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1 COMPUTATION OF NET COST OF COVERED SERVICE			
2 INPATIENT HOSPITAL/SNF/NF SERVICES			
3 MEDICAL AND OTHER SERVICES			
4 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5 ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7 SUBTOTAL			
8 INPATIENT PRIMARY PAYER PAYMENTS			14,801
9 OUTPATIENT PRIMARY PAYER PAYMENTS			
10 SUBTOTAL			-14,801
11 COMPUTATION OF LESSER OF COST OR CHARGES			
12 REASONABLE CHARGES			
13 ROUTINE SERVICE CHARGES			
14 ANCILLARY SERVICE CHARGES			
15 INTERNS AND RESIDENTS SERVICE CHARGES			
16 ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17 TEACHING PHYSICIANS			
18 INCENTIVE FROM TARGET AMOUNT COMPUTATION			
19 TOTAL REASONABLE CHARGES			
20 CUSTOMARY CHARGES			
21 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22 PAYMENT FOR SERVICES ON A CHARGE BASIS			
23 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25 BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26 RATIO OF LINE 17 TO LINE 18			
27 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
28 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			14,801
29 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30 COST OF COVERED SERVICES			-14,801
31 PROSPECTIVE PAYMENT AMOUNT			
32 OTHER THAN OUTLIER PAYMENTS			
33 OUTLIER PAYMENTS			3,438,490
34 PROGRAM CAPITAL PAYMENTS			
35 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36 ROUTINE SERVICE OTHER PASS THROUGH COSTS			
37 ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
38 SUBTOTAL			3,423,689
39 CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
40 TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			3,423,689
41 XVIII ENTER AMOUNT FROM LINE 30			
42 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43 COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44 EXCESS OF REASONABLE COST			
45 SUBTOTAL			3,423,689
46 COINSURANCE			167,744
47 SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50 BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51 38.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52 38.02 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
53 ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54 UTILIZATION REVIEW			
55 SUBTOTAL (SEE INSTRUCTIONS)			3,255,945
56 INPATIENT ROUTINE SERVICE COST			
57 MEDICARE INPATIENT ROUTINE CHARGES			
58 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59 PAYMENT FOR SERVICES ON A CHARGE BASIS			
60 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61 FOR PAYMENT OF PART A SERVICES			
62 RATIO OF LINE 43 TO 44			
63 TOTAL CUSTOMARY CHARGES			
64 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68 OTHER ADJUSTMENTS (SPECIFY)			
69 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70 RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71 SUBTOTAL			3,255,945
72 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
74 TOTAL AMOUNT PAYABLE TO THE PROVIDER			3,255,945
75 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76 INTERIM PAYMENTS			3,255,945
77 57.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78 BALANCE DUE PROVIDER/PROGRAM			
79 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems      MCRIF32      FOR MACNEAL HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)  
I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET E-3  
I COMPONENT NO: I TO 9/30/2008 I PART III  
I 14-S848 I I

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	62.12
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	62.12
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	62.10
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	62.10
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	42.31
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	19.11
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	61.42
3.10	SEE INSTRUCTIONS	61.42
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	19.11
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	21.37
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	21.19
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS 20.56
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	20.56
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	131,522.65
3.18	SEE INSTRUCTIONS	2,704,106
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	41.03
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	39.54
3.21	SEE INSTRUCTIONS	RES INIT YEARS 40.96
3.22	SEE INSTRUCTIONS	40.96
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	125,933.89
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	5,158,252
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	7,862,358

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	30,781
5	TOTAL INPATIENT DAYS	71,542
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11 .430251
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,382,787
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	6,189
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	71,542
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	584,058
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3,6 LN 12

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	1,763,686
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	

Health Financial Systems    MCRIF32            FOR MACNEAL HOSPITAL  
DIRECT GRADUATE MEDICAL EDUCATION (GME)  
& ESRD OUTPATIENT DIRECT MEDICAL  
EDUCATION COSTS

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)  
I PROVIDER NO:            I PERIOD:            I PREPARED 2/19/2009  
I 14-0054                I FROM 10/ 1/2007    I WORKSHEET E-3  
I                        I TO 9/30/2008    I PART IV

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 48,207,532
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 435,340
- 16 TOTAL PART A REASONABLE COST 47,772,192

PART B REASONABLE COST

- 17 REASONABLE COST 7,439,002
- 18 PRIMARY PAYER PAYMENTS 27,607
- 19 TOTAL PART B REASONABLE COST 7,411,395
- 20 TOTAL REASONABLE COST 55,183,587
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .865696
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .134304

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 3,966,845  
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 3,434,082
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 532,763



## BALANCE SHEET

IN LIEU OF FORM CMS-2552-96 (06/2003)  
 PROVIDER NO: 14-0054 I PERIOD: FROM 10/ 1/2007 I TO 9/30/2008 I PREPARED 2/19/2009 I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,204			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	35,728,709			
5	OTHER RECEIVABLES	1,296,003			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-9,933,651			
7	INVENTORY	4,866,353			
8	PREPAID EXPENSES	1,292,163			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	33,252,781			
FIXED ASSETS					
12	LAND	5,956,337			
12.01	LAND IMPROVEMENTS	419,041			
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	82,674,663			
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS	1,876,881			
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	54,454,624			
18	LESS ACCUMULATED DEPRECIATION	-46,352,842			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	621,062			
20	TOTAL FIXED ASSETS	99,649,766			
21	OTHER ASSETS				
22	INVESTMENTS	2,087,837			
23	DEPOSITS ON LEASES	141,283			
24	DUE FROM OWNERS/OFFICERS	45,117,318			
25	OTHER ASSETS	230,000			
26	TOTAL OTHER ASSETS	47,576,438			
27	TOTAL ASSETS	180,478,985			

## BALANCE SHEET

IN LIEU OF FORM CMS-2552-96 (06/2003)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I		
I		I	TO 9/30/2008	I	WORKSHEET G	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	10,788,709			
29 SALARIES, WAGES & FEES PAYABLE	12,460,817			
30 PAYROLL TAXES PAYABLE	50,368			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	23,299,894			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	277,805,721			
38 NOTES PAYABLE	514,352			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,270,576			
42 TOTAL LONG-TERM LIABILITIES	279,590,649			
43 TOTAL LIABILITIES	302,890,543			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-122,411,558			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-122,411,558			
52 TOTAL LIABILITIES AND FUND BALANCES	180,478,985			

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET G-1	
I		I	TO 9/30/2008	I		

## STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		6,576,259
2 OF PERIOD		
2 NET INCOME (LOSS)		-8,867,304
3 TOTAL		-2,291,045
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5 ADDITIONS (CREDIT ADJUSTM		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		-2,291,045
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		-2,291,045
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7 8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
2 NET INCOME (LOSS)		
3 TOTAL		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5 ADDITIONS (CREDIT ADJUSTM		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET G-2  
 I I TO 9/30/2008 I PARTS I & II

## PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	103,647,203		103,647,203
2 00 SUBPROVIDER	13,002,446		13,002,446
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	8,355,952		8,355,952
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	125,005,601		125,005,601
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	13,530,660		13,530,660
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	13,530,660		13,530,660
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	138,536,261		138,536,261
17 00 ANCILLARY SERVICES	310,458,854	208,816,952	519,275,806
18 00 OUTPATIENT SERVICES	23,845,922	69,612,547	93,458,469
19 00 HOME HEALTH AGENCY		6,725,758	6,725,758
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	472,841,037	285,155,257	757,996,294

## PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	239,552,719
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	239,552,719

## STATEMENT OF REVENUES AND EXPENSES

IN LIEU OF FORM CMS-2552-96 (09/1996)  
 PROVIDER NO: 14-0054 PERIOD: FROM 10/ 1/2007 TO 9/30/2008  
 PREPARED 2/19/2009 WORKSHEET G-3

## DESCRIPTION

1	TOTAL PATIENT REVENUES	757,996,294
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	532,032,562
3	NET PATIENT REVENUES	225,963,732
4	LESS: TOTAL OPERATING EXPENSES	239,552,719
5	NET INCOME FROM SERVICE TO PATIENTS	-13,588,987
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	235,677
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	22,707
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	704,899
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	3,015
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	97,932
21	RENTAL OF VENDING MACHINES	32,643
22	RENTAL OF HOSPITAL SPACE	256,472
23	GOVERNMENTAL APPROPRIATIONS	
24	CONSULTATION	12,260
24.01	MANAGEMENT/OPERATING FEES	118
24.02	OTHER OPERATING REVENUE	3,356,052
24.03		
24.04		
24.05		
25	TOTAL OTHER INCOME	4,721,775
26	TOTAL	-8,867,212
	OTHER EXPENSES	
27	ROUNDING	92
28		
29		
30	TOTAL OTHER EXPENSES	92
31	NET INCOME (OR LOSS) FOR THE PERIOD	-8,867,304

Health Financial Systems MCRIF32  
ANALYSIS OF PROVIDER-BASED  
HOME HEALTH AGENCY COSTS

FOR MACNEAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET H  
I HHA NO: I TO 9/30/2008 I  
I 14-7285 I

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	1,187,487	151,874		50,768	433,884	1,824,013
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1,394,672	178,372	56,946			1,629,990
7 PHYSICAL THERAPY	773,804	98,966	20,950	23,821		917,541
8 OCCUPATIONAL THERAPY	205,611	26,297	5,701			237,609
9 SPEECH PATHOLOGY			223			223
10 MEDICAL SOCIAL SERVICES	41,588	5,319	1,646			48,553
11 HOME HEALTH AIDE	9,233	1,181	1,052			11,466
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	3,612,395	462,009	86,518	74,589	433,884	4,669,395

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL	-141,842	1,682,171	-117,059	1,565,112
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE		1,629,990		1,629,990
7 PHYSICAL THERAPY		917,541		917,541
8 OCCUPATIONAL THERAPY		237,609		237,609
9 SPEECH PATHOLOGY		223		223
10 MEDICAL SOCIAL SERVICES		48,553		48,553
11 HOME HEALTH AIDE		11,466		11,466
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)	-141,842	4,527,553	-117,059	4,410,494

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 COST ALLOCATION -  
 HHA GENERAL SERVICE COST

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET H-4  
 I HHA NO: I TO 9/30/2008 I PART I  
 I 14-7285 I

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL	1,565,112				1,565,112	1,565,112
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,629,990				1,629,990	896,581
7	PHYSICAL THERAPY	917,541				917,541	504,696
8	OCCUPATIONAL THERAPY	237,609				237,609	130,698
9	SPEECH PATHOLOGY	223				223	123
10	MEDICAL SOCIAL SERVICES	48,553				48,553	26,707
11	HOME HEALTH AIDE	11,466				11,466	6,307
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	4,410,494				4,410,494	

TOTAL

6

GENERAL SERVICE COST CENTERS		
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	2,526,571
7	PHYSICAL THERAPY	1,422,237
8	OCCUPATIONAL THERAPY	368,307
9	SPEECH PATHOLOGY	346
10	MEDICAL SOCIAL SERVICES	75,260
11	HOME HEALTH AIDE	17,773
12	SUPPLIES	
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	4,410,494

Health Financial Systems MCRIF32 FOR MACNEAL HOSPITAL  
 COST ALLOCATION -  
 HHA STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET H-4  
 I HHA NO: I TO 9/30/2008 I PART II  
 I 14-7285 I

HHA 1

	CAP-REL COST-BLDG & FIX ( FEET ) 1	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE ) 2	PLANT OPER & MAINT ( SQUARE FEET ) 3	TRANSPORTATIO N ( MILEAGE ) 4	RECONCILIATIO N ( ) 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST ) 5
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMINISTRATIVE & GENERAL					-1,565,112	2,845,382
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						1,629,990
7 PHYSICAL THERAPY						917,541
8 OCCUPATIONAL THERAPY						237,609
9 SPEECH PATHOLOGY						223
10 MEDICAL SOCIAL SERVICES						48,553
11 HOME HEALTH AIDE						11,466
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)					-1,565,112	2,845,382
25 COST TO BE ALLOCATED						1,565,112
26 UNIT COST MULTIPLIER						.550053



Health Financial Systems MCRIF32  
ALLOCATION OF GENERAL SERVICE  
COSTS TO HHA COST CENTERS

FOR MACNEAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET H-5  
I HHA NO: I TO 9/30/2008 I PART I  
I 14-7285 I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL				34,167	38,655	623,662
2 SKILLED NURSING CARE	2,526,571					
3 PHYSICAL THERAPY	1,422,237					
4 OCCUPATIONAL THERAPY	368,307					
5 SPEECH PATHOLOGY	346					
6 MEDICAL SOCIAL SERVICES	75,260					
7 HOME HEALTH AIDE	17,773					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	4,410,494			34,167	38,655	623,662
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	MAINTENANCE & REPAIRS 7	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	696,484	187,163	99,962		34,855	
2 SKILLED NURSING CARE	2,526,571	678,956				
3 PHYSICAL THERAPY	1,422,237	382,192				
4 OCCUPATIONAL THERAPY	368,307	98,974				
5 SPEECH PATHOLOGY	346	93				
6 MEDICAL SOCIAL SERVICES	75,260	20,224				
7 HOME HEALTH AIDE	17,773	4,776				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,106,978	1,372,378	99,962		34,855	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32  
ALLOCATION OF GENERAL SERVICE  
COSTS TO HHA COST CENTERS

FOR MACNEAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
I 14-0054 I FROM 10/ 1/2007 I WORKSHEET H-5  
I HHA NO: I TO 9/30/2008 I PART I  
I 14-7285 I

HHA 1

HHA COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I&R SERVICES -SALARY & FR 22
1 ADMIN & GENERAL	92,934	2,213			33,703	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	92,934	2,213			33,703	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	I&R SERVICES -OTHER PRGM 23	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		1,147,314		1,147,314		
2 SKILLED NURSING CARE		3,205,527		3,205,527	657,243	3,862,770
3 PHYSICAL THERAPY		1,804,429		1,804,429	369,971	2,174,400
4 OCCUPATIONAL THERAPY		467,281		467,281	95,809	563,090
5 SPEECH PATHOLOGY		439		439	90	529
6 MEDICAL SOCIAL SERVICES		95,484		95,484	19,578	115,062
7 HOME HEALTH AIDE		22,549		22,549	4,623	27,172
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		6,743,023		6,743,023	1,147,314	6,743,023
21 UNIT COST MULTIPLIER					0.205035	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR MACNEAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET H-5  
 I HHA NO: I TO 9/30/2008 I PART II  
 I 14-7285 I

HHA 1

HHA COST CENTER	OLD CAP REL	OLD CAP REL	NEW CAP REL	NEW CAP REL	EMPLOYEE BEN	RECONCILIATI
	COSTS-BLDG &	COSTS-MVBLE	COSTS-BLDG &	COSTS-MVBLE	EFITS	ON
	( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( GROSS SALARIES )	6A
1 ADMIN & GENERAL	2,949	2,949	2,949	2,949	3,612,395	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,949	2,949	2,949	2,949	3,612,395	
21 COST TO BE ALLOCATED			34,167	38,655	623,662	
22 UNIT COST MULTIPLIER			11.585961	13.107833	0.172645	

HHA COST CENTER	ADMINISTRATI	MAINTENANCE	LAUNDRY & LI	HOUSEKEEPING	DIETARY	CAFETERIA
	VE & GENERAL	& REPAIRS	NEN SERVICE			
	( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	S ( FTES )
1 ADMIN & GENERAL	696,484	2,949		2,949		4,543
2 SKILLED NURSING CARE	2,526,571					
3 PHYSICAL THERAPY	1,422,237					
4 OCCUPATIONAL THERAPY	368,307					
5 SPEECH PATHOLOGY	346					
6 MEDICAL SOCIAL SERVICES	75,260					
7 HOME HEALTH AIDE	17,773					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,106,978	2,949		2,949		4,543
21 COST TO BE ALLOCATED	1,372,378	99,962		34,855		92,934
22 UNIT COST MULTIPLIER	0.268726	33.896914		11.819261		20.456527

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR MACNEAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET H-5  
 I HHA NO: I TO 9/30/2008 I PART II  
 I 14-7285 I I

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT HOURS 14	CENTRAL SERVICES & SUPPLIES (COSTED REQ 15	PHARMACY (COSTED REQUIS-PHA 16	MEDICAL RECORDS & LIBRARY (GROSS REVENUE 17	I&R SERVICES -SALARY & FR (ASSIGNED TIME 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME 23
1 ADMIN & GENERAL	710			6,725,758		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	710			6,725,758		
21 COST TO BE ALLOCATED	2,213			33,703		
22 UNIT COST MULTIPLIER	3.116901			0.005011		

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET H-6  
 I HHA NO: I TO 9/30/2008 I PARTS I II & III  
 I 14-7285 I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES							PART A
1 SKILLED NURSING	2	3,862,770		3,862,770	22,710	170.09	6,758
2 PHYSICAL THERAPY	3	2,174,400		2,174,400	12,077	180.04	3,775
3 OCCUPATIONAL THERAPY	4	563,090		563,090	2,846	197.85	972
4 SPEECH PATHOLOGY	5	529		529	17	31.12	6
5 MEDICAL SOCIAL SERVICES	6	115,062		115,062	624	184.39	182
6 HOME HEALTH AIDE SERVICE	7	27,172		27,172	573	47.42	190
7 TOTAL		6,743,023		6,743,023	38,847		11,883

-----PROGRAM VISITS-----				-----COST OF SERVICES-----			
-----PART B-----				-----PART B-----			
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	TOTAL PROGRAM COST	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
7	8	9	12	10	11	12	
1 SKILLED NURSING	4,227	1,149,468	1,868,438	718,970		1,868,438	
2 PHYSICAL THERAPY	1,754	679,651	995,441	315,790		995,441	
3 OCCUPATIONAL THERAPY	585	192,310	308,052	115,742		308,052	
4 SPEECH PATHOLOGY	2	187	249	62		249	
5 MEDICAL SOCIAL SERVICES	128	33,559	57,161	23,602		57,161	
6 HOME HEALTH AIDE SERVICES	154	9,010	16,313	7,303		16,313	
7 TOTAL	6,850	2,064,185	3,245,654	1,181,469		3,245,654	

LIMITATION COST  
COMPUTATION

PATIENT SERVICES

	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						PART A
						6
8 SKILLED NURSING	1600					
9 PHYSICAL THERAPY	1600					
10 OCCUPATIONAL THERAPY	1600					
11 SPEECH PATHOLOGY	1600					
12 MEDICAL SOCIAL SERVICES	1600					
13 HOME HEALTH AIDE SERVICE	1600					
14 TOTAL						

-----PROGRAM VISITS-----				-----COST OF SERVICES-----			
-----PART B-----				-----PART B-----			
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	TOTAL PROGRAM COST	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
7	8	9	12	10	11	12	
8 SKILLED NURSING							
9 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
14 TOTAL							

I PROVIDER NO: I PERIOD: I PREPARED 2/19/2009  
 I 14-0054 I FROM 10/ 1/2007 I WORKSHEET H-6  
 I HHA NO: I TO 9/30/2008 I PARTS I II & III  
 I 14-7285 I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES	1	2	3	4	5	6	
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		PART A 9	COST OF SERVICES----- -----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8		NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES					
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNLAP CENSUS FROM WKST S-4	1600	
17 PER BENE COST LIMITATION (FRM FI)	1600	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.297778			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.125662			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.126732			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----				
			PROGRAM VISITS -----		PROGRAM COSTS -----		
			PRIOR 1/1/1998 2.01	1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	PROG VISITS ON OR AFTER 1/1/1999 5
1 PHYSICAL THERAPY	2	180.04					
2 OCCUPATIONAL THERAPY	3	197.85					
3 SPEECH PATHOLOGY	4	31.12					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT  
SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET H-7	
I	HHA NO:	I	TO 9/30/2008	I	PARTS I & II	
I	14-7285	I		I		

IN LIEU OF FORM CMS-2552-96 H-7 (5/2004)

TITLE XVIII

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES  
PART APART B  
NOT SUBJECT TO  
DED & COINS  
2PART B  
SUBJECT TO  
DED & COINS  
3

- 1 REASONABLE COST OF SERVICES
- 2 TOTAL CHARGES  
CUSTOMARY CHARGES
- 3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR  
PAYMENT FOR SERVICES ON A CHARGE BASIS
- 4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS  
LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE  
BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE  
WITH 42 CFR 413.13(B)
- 5 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
- 6 TOTAL CUSTOMARY CHARGES
- 7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL  
REASONABLE COST
- 8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 9 PRIMARY PAYOR AMOUNTS

## PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A  
SERVICES  
1PART B  
SERVICES  
2

- 10 TOTAL REASONABLE COST
- 10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT  
OUTLIERS
- 10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH  
OUTLIERS
- 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES
- 10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES
- 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE
- 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES
- 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH  
OUTLIERS
- 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES
- 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP  
EPISODE
- 10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES
- 10.11 TOTAL OTHER PAYMENTS
- 10.12 DME PAYMENTS
- 10.13 OXYGEN PAYMENTS
- 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS
- 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS  
(EXCLUDE COINSURANCE)
- 12 SUBTOTAL
- 13 EXCESS REASONABLE COST
- 14 SUBTOTAL
- 15 COINSURANCE BILLED TO PROGRAM PATIENTS
- 16 NET COST
- 17 REIMBURSABLE BAD DEBTS
- 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE  
BENEFICIARIES (SEE INSTRUCTIONS)
- 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD
- 19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS  
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM  
AGENCIES' TERMINATION OR DECREASE IN MEDICARE  
UTILIZATION
- 21 OTHER ADJUSTMENTS (SPECIFY)
- 22 SUBTOTAL
- 23 SEQUESTRATION ADJUSTMENT
- 24 SUBTOTAL
- 25 INTERIM PAYMENTS
- 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE  
ONLY)
- 26 BALANCE DUE PROVIDER/PROGRAM
- 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2

## CALCULATION OF CAPITAL PAYMENT

IN LIEU OF FORM CMS-2552-96 (2/2006)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/19/2009
I	14-0054	I	FROM 10/ 1/2007	I	WORKSHEET L
I	COMPONENT NO:	I	TO 9/30/2008	I	PARTS I-IV
I	14-0054	I		I	

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

## PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,187,675
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	40,851
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	177.29
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	60.12
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	10.04
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	320,043
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	5.21
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	23.99
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	29.20
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.09
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	194,129
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,742,698

## PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

## PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST
3	TOTAL INPATIENT PROGRAM CAPITAL COST
4	CAPITAL COST PAYMENT FACTOR
5	TOTAL INPATIENT PROGRAM CAPITAL COST

## PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	